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THE HEALTH AND HEALTH SERVICES OF THE COUNTY

COUNTY HALL
NOTTINGHAM

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

C. W. W. JEREMIAH,
M.R.C.S., L.R.C.P., D.P.H.

FOR THE YEAR

1960

HEALTH DEPARTMENT,
SHIRE HALL,
NOTTINGHAM.
Telephone : 55024.



THE RIGHT HON SIR DAVID ECCLES, K.C.V.O., M.P. Minister of Education, presenting Milan Triennale Silver Medal Diplomas for school desks manufactured at the Sherwood Village Settlement to Mr W. H Tipping, General

Nottinghamshire County Council

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SECTION I.

COUNTY HEALTH COMMITTEE

Constitution

Members of County Council	40
Municipal Borough Councils (1 for each)	4
Urban District Councils (10)	6
Rural District Councils (6)	4

Sub-Committees

Ambulance
Finance and General Purposes
Health Centres
Maternity and Child Welfare
Mental Health
Preventive Health Service
Sherwood Village Settlement Management

Members of the Committee†

Chairman :

ALDERMAN MRS. F. G. STUART

Vice-Chairman :

COUNCILLOR W. W. GASH

Ex-officio : ALDERMAN W. BAYLISS, C.B.E., D.L.
ALDERMAN S. FARR

Aldermen :

AINLEY, J.
ELEY, J. W.
HILL, MRS. L.
IRELAND, W.
QUIBELL, MRS. K. A.
READ, B. C.
SHARRARD, MRS. B.
STUART, MRS. F. G.
TAYLOR, MRS. C. A.

† December, 1960

Councillors :

Bartlam, R. A.	Gale, F. J. W.
Beardsley, Mrs. M.	Gash, W. W.
Betteridge, Mrs. A. E.	Green, A.
Birks, A. L.	Harrison, C.
Blanchard, E. E.	Mead, A.
Bower, J.	Morris, W. J.
Bramley, L. J.	Myers, P.
Brooks, D. A.	O'Hara, H. F.
Bull, T.	Pollard, B.
Burton, L. A.	Pounder, A. J.
Buxton, J.	Roberts, J.
Cheetham, W. H.	Shilling, H.
Coates, C. T.	Skillen, S. J.
Dowson, W. F. G.	Walters, H. L.
Foster, W. H.	Watson, Mrs. P. R.
Francklin, Cmdr. M. B. P.	Yates, Mrs. E. A.

Representative Members :

Municipal Borough Councils :

East Retford	Peatfield, J. W.
Mansfield	Milford, Mrs. A.
Newark	Whomsley, A. E.
Worksop	Taylor, H. B.

Urban District Councils :

Flint, J. C.	Limb, C.
Huckle, S. W.	Marshall, F. V.
Knowles, W.	Oldham, A.

Rural District Councils :

Brocklehurst, T.	Hill, Mrs. J.
Brown, Dr. R. W. W.	Moore, W. A.

STAFF

The following is a list of personnel employed on the 31st December, 1960 :—

County Medical Officer and Principal School Medical Officer

C. W. W. JEREMIAH, M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer

A. R. C. MARGETTS, M.B., B.S., D.P.H., D.C.H.

Senior Administrative Medical Officer

R. S. MALE, M.B., Ch.B., M.R.C.P., D.P.H., D.C.H.

Senior Medical Officer for Maternity and Child Welfare

MRS. M. B. BLACK, M.B., Ch.B., D.P.H.

Medical Officer for Mental Health

MISS E. ROITH, M.B., B.Ch., B.A.O., D.P.H.

Clinical Medical Staff

Medical Officers for Ante-Natal Services

MISS J. A. FORBES, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
MRS. M. A. M. N. GILLATT, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Six general medical practitioners were also employed for Sessional duties on a Fee basis

Senior Clinical Medical Officers

(for Maternity and Child Welfare and School Health Services)

MISS J. BOARD, M.B., B.S., D.C.H.
MISS E. DOUGLAS, M.B., Ch.B., D.P.H.
MRS. K. HAIGH, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
A. J. JOHNSON, M.B., B.Ch., D.T.M. & H.
N. D. PATON, M.B., Ch.B., D.T.M. & H., D.P.H.

Assistant County Medical Officers

(for Maternity and Child Welfare and School Health Services)

Whole-time

MRS. D. R. BROOK, M.B., Ch.B.
MRS. J. GOLDSBROUGH, M.B., B.S.

Part-time

H. L. BARKER, M.D., B.S., D.P.H.
MRS. I. M. BUCKLE, M.B., Ch.B.
R. N. COLLEY, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
MRS. M. R. COOKE, L.R.C.P. & S.
MRS. L. M. CRAM, M.B., B.S.
G. R. DAVIES, M.B., B.S., M.R.C.S., L.R.C.P.
MRS. P. M. GRAY, M.B., B.S., M.R.C.S., L.R.C.P.
MRS. M. J. GRICE, M.B., Ch.B.
MRS. M. C. JEFFRIES, M.B., B.S.
MRS. K. M. MORTON, M.B., Ch.B.

Assistant County Medical Officers and Medical Officers of Health of County Districts

As Assistant County Medical Officers, the undermentioned are employed on Maternity and Child Welfare and School Health Service duties except in the case of Dr. Drummond whose duties relate solely to the School Health Service, and Dr. McKean who undertakes Maternity and Child Welfare Service work only.

E. Bebbington, M.B., Ch.B., D.P.H.	Beeston and Stapleford Urban District.
J. D. Carroll, M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.	Mansfield Woodhouse and Warsop Urban Districts.
C. Cross, M.B., Ch.B., D.P.H.	West Bridgford Urban and Bingham Rural Districts.
J. S. Drummond, M.B., B.Ch., D.P.H.	Mansfield Borough.
J. V. Loughlin, M.B., B.Ch., B.A.O., D.P.H.	Kirkby-in-Ashfield Urban District.
M. B. McCann, L.R.C.S., L.R.C.P., D.P.H.	Worksop Borough and Worksop Rural District.
T. S. McKean, M.B., Ch.B., D.P.H.	Sutton-in-Ashfield Urban District.
H. D. B. North, M.Sc., M.B., Ch.B., D.P.H.	Newark Borough, Newark Rural and Southwell Rural Districts.
W. R. Perry, M.B., B.S., D.P.H.	Eastwood Urban and Basford Rural Districts.
H. D. H. Robinson, M.R.C.S., L.R.C.P., D.P.H.	Arnold and Carlton Urban Districts.
T. M. B. Rohan, M.B., B.Ch., B.A.O., D.P.H.	Hucknall Urban District.
G. Tattersall, M.A., M.B., B.Ch., B.A.O., D.P.H.	East Retford Borough and East Retford Rural District.

Assistant County Medical Officer and Deputy Medical Officer of Health of the Borough of Mansfield

(As Assistant County Medical Officer undertakes Maternity and Child Welfare and School Health Service duties)

M. Gibbs, M.R.C.S., L.R.C.P., D.P.H.

Medical Superintendent, Sherwood Village Settlement

D. Davies, M.D., M.R.C.P.

Employed by the Regional Hospital Board as Physician Superintendent, Ransom Hospital.

Children's Psychiatrists

T. A. Ratcliffe, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.C.H.
Mrs. E. Arkle, M.D., D.P.M.

Drs. Ratcliffe and Arkle are employed by the Regional Hospital Board.

Dental Staff

County Dental Officer

D. E. Mason, *O.B.E.*, L.D.S.

Orthodontist

J. I. McCracken, L.D.S.

Dental Officers

Whole-time

Miss M. Armitage, L.D.S.
Miss C. E. Bride, L.D.S.
Mrs. A. M. E. Ferguson, L.D.S.
Miss A. Kavanagh, L.D.S.
S. Mellor, L.D.S.
C. Sture, L.D.S., B.Ch.D.
B. J. Swyer, L.D.S.

Part-time

Miss S. I. Andrew, L.D.S., B.D.S.
Mrs. M. J. S. Hunter, L.D.S.
D. P. James, L.D.S.
Mrs. I. M. Keates, L.D.S.
Mrs. S. M. Kennedy, B.D.S.
G. Pearson, L.D.S.
J. E. Preston, L.D.S.
A. J. Rolfe, L.D.S., B.D.S.
M. Savage, B.D.S.

Vacancies equal to the time of approximately twelve Dental Officers.

All Dental Officers are employed by the Education Committee but undertake Maternity and Child Welfare as well as School Health Service work.

Nursing and Allied Staff

Superintendent Health Visitors

Miss E. Bowler, S.R.N., S.C.M., H.V.Cert.
Miss A. Collishaw, S.R.N., S.C.M., H.V.Cert.
Mrs. C. J. McHenry, S.R.N., S.C.M., H.V.Cert.

Health Visitors	77—with 5* Vacancies.
Tuberculosis Visitors	4—with 1 Vacancy.
School Nurses	11
Assistant Clinic Nurses	6 (Whole-time equivalent)
Dental Nurse	1
Dental Attendants	11—with 12 Vacancies.

*One vacancy filled temporarily by Assistant Clinic Nurse

Midwifery

Senior Non-Medical Supervisor of Midwives

Miss M. K. Collins, S.R.N., S.C.M., H.V.Cert.

Assistant Non-Medical Supervisor of Midwives

Miss M. Allcock, S.R.N., S.C.M.

County Midwives 67—with 4 Vacancies.

Day Nurseries

Matrons

Beeston	Mrs. M. D. Asher, S.R.N.
Carlton	Miss J. S. E. Fletcher, N.N.E.B.
Mansfield (Bull Farm)	Miss M. Brewster, S.R.C.N.
Newark	Mrs. P. Gammage, N.S.D.N.Cert.
Stapleford	Mrs. S. Fletcher, S.R.N.
West Bridgford	Miss M. Beckett, N.S.D.N.D.

Home Help Service

Organiser

Miss M. W. Cottee.

District Organisers ... 10

Mental Health Staff

Senior Mental Health Officer

W. A. Frost.

Superintendent Mental Health Officer

Mrs. E. L. Andrews.

*Male Mental Health Officers	10
*Assistant Male Mental Health Officers	Nil —with 5 Vacancies.

*Employed jointly as Mental Health Officers and District Welfare Officers, or as Assistants.

Female Mental Health Officer	Vacancy.
Female Supervisors, Training Centres	2
Female Home Teachers for Mentally Defective Persons	2

Ambulance Staff

County Ambulance Officer

F. E. Jolley.

Deputy County Ambulance Officer

H. Wade.

Staff for Other Special Services

County Health Inspector
G. H. Earnshaw.

County Almoners
Miss S. M. Cutts.
Miss P. K. Emy.
With 2 Vacancies.

Health Education Officer
A. H. Marrow.

Assistant Health Education Officers
N. S. Wass.
Miss M. A. McKay.

Sherwood Industries (Village Settlement) General Manager
W. H. Tipping.

Auditory Therapist
Vacancy.

Milk Samplers
Two.

Central Office Staff

Lay Administrative Assistant and Chief Clerk
W. L. Richardson.

Senior Administrative Assistant
E. Gillott.

Senior Clerks of Sections

Accounts
H. R. Adams.

Staff
J. M. Anson.

School Health Service
W. R. Clemens.

Mental Health Service
W. A. Frost.

Preventive Health Services
R. Gospel.

Maternity and Child Welfare Services
L. Hockin.

Ambulance Service
R. J. Marlowe.

Names and Addresses of the Medical Officers of Health of the Twenty County Districts.

As at 31st December, 1960.

District	Medical Officer of Health	Address	Telephone No.
BOROUGHS.			
East Retford	G. Tattersall	Municipal Offices, Chancery Lane, Retford.	Retford 561
Mansfield .	J. S. Drummond	Public Health Department, Gilcroft Street, Mansfield.	Mansfield 1296
Newark	H. D. B. North	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 181
Worksop	M. B. McCann	Health Department, Park House, Park Street, Worksop.	Worksop 2405
URBAN DISTRICTS.			
Arnold	H. D. H. Robinson	Health Department, Arnot Hill House, Arnold.	Nottingham 26-8584
Beeston and Stapleford	E. Bebbington	Public Health Department, The Willows, Dovecote Lane, Beeston.	Nottingham 25-4891
Carlton ..	H. D. H. Robinson	Public Health Department, Council House, Burton Road, Carlton.	Nottingham 24-8231
Eastwood	W. R. Perry	Council Offices, Church Street, Eastwood.	Langley Mill 3022
Hucknall .	T. M. B. Rohan	Council Offices, Hucknall.	Hucknall 2242
Kirkby-in-Ashfield	J. V. Loughlin	Council Offices, Urban Road, East Kirkby.	Kirkby-in-Ashfield 2371
Mansfield Woodhouse	J. D. Carroll	Public Health Department, Manor House, Mansfield Woodhouse.	Mansfield 1891
Sutton-in-Ashfield ..	T. S. McKean	Public Health Department, Forest Street, Sutton-in-Ashfield.	Sutton-in-Ashfield 600
Warsop ..	J. D. Carroll	Health Department, Town Hall, Warsop.	Warsop 37
West Bridgford	C. Cross	Health Department, 70 Bridgford Road, West Bridgford.	Nottingham 89651
RURAL DISTRICTS.			
Basford	W. R. Perry	Health Department, Rock House, Stockhill Lane, Basford, Nottingham.	Nottingham 76677
Bingham	C. Cross	Council Offices, Bingham.	Bingham 391
East Retford	G. Tattersall	Municipal Offices, Chancery Lane, Retford.	Retford 561
Newark	H. D. B. North	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 181
Southwell .	H. D. B. North	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 181
Worksop ..	M. B. McCann	Council Offices, Highfield House, Carlton Road, Worksop.	Worksop 2219

NOTTINGHAMSHIRE COUNTY COUNCIL

Health Department,
Shire Hall,
Nottingham.

August, 1961.

To the Chairman and Members of the
Nottinghamshire County Council

Ladies and Gentlemen,

I have the honour as your County Medical Officer to present my Annual Report for the year 1960.

The preparation of this report heralds the end of my thirty-two years of service with the Council, and it is fitting that I should forthwith express my thanks for the confidence that has been placed in me since my original appointment on the Council's staff in June, 1929.

My gratitude is also due to the members of my departmental staff, whose loyalty and industry have been major factors in the continuing development of the Health Services since my appointment as County Medical Officer in July, 1952.

Emerson it was who said " Trust men and they will be true to you—treat them greatly and they will show themselves to be great."

I have no reason to doubt that the application of this philosophy, within my department, has ever proved false, and in saying farewell to the Service I place the loyalty of my department staff above all other factors which have blessed my term of office.

So far as the health circumstances of the area during 1960 are concerned, no serious outbreak of infectious disease was experienced.

Only four cases of poliomyelitis were recorded—the lowest total for the past five years—and once again no case of diphtheria was noted.

In the field of prevention, with a lessening of the intensity of the immunisation campaign against poliomyelitis, we find an increase of approximately 5.0 per cent. in the numbers under one year protected against diphtheria and whooping cough.

Again we note a fall in deaths from tuberculosis, but more importantly a drop in the number of cases of this disease notified, from 264 in 1959 to 224 in 1960. In 1958, 296 cases were recorded.

During the year under review 8,666 school children were given B.C.G. vaccination as compared with 3,089 in 1959.

The vital statistics for the year, fully recorded in the body of the Report, show a birth rate of 17.6 to be the highest for thirteen years.

Maternal deaths numbered three, the same figure as for 1959.

No amount of scientific knowledge or social provision can entirely eliminate the danger of the human factor attending all pregnancies, and in a total of three deaths in ten thousand births we have about reached the zenith of our endeavours in this aspect of our maternity work.

The Committee's building programme saw the completion during the year of new Child Welfare Centres at Hawtonville (Newark) and Manton (Worksop), together with new Ambulance Stations at West Bridgford, Newark and Sutton-in-Ashfield.

In August, the discarded Portland Row School in Selston was adapted and redecorated and now serves as an attractive and efficient Child Welfare Centre and School Clinic for the area.

As will be seen later in the report, the Home Help Service continues to expand and I can think of no other service that has made greater impact on the modern social scene than this.

Following recent salary and wage awards, problems of pay exist in the Home Help, Ambulance and Mental Health fields and it is to be hoped that at the Council's forthcoming Triennial Review of staff establishments and salaries these will be resolved, not only for the sake of staff contentment but also for the future efficiency of the services concerned.

Particularly does this apply in the Mental Health field, where varying interpretations as to the appropriate grading of mental health workers in the field has led to dissatisfaction and unrest.

With no junior staff available out of an establishment of ten such officers, vacancies for Psychiatric Social Workers and for a District Welfare and Mental Health Officer recently advertised failed to produce a single application from a qualified or suitably experienced candidate.

It is to be hoped that the advent of the Mental Health Act—and the Younghusband Report—has not had the very reverse effect of their intentions ?

Certain it is that if we are to maintain and expand our existing Mental Health services, positive action will need to be taken, as far as gradings and training facilities are concerned, if " the cart " (my report for 1959) is not to run backwards.

The problem is not one to be solved overnight, and many years must elapse before the recommendations, the hopes and the aspirations of the Royal Commission's Report on the Law Relating to Mental Illness and Mental Deficiency are brought to fruition.

This expression of opinion is not pessimism—it just faces facts.

In happier vein we notice that in a period in which the maintenance of satisfactory foreign and Commonwealth relations is not always easy it is pleasant to record that over the years the County Health Department have been privileged to act as hosts to a number of foreign and Commonwealth Civil Servants and Local Government Officers, both medical and

lay, who have visited the various Departments of the County Council—usually under the auspices of the British Council—to learn something about Local Government in the United Kingdom. Our visitors have come from countries as varied as Germany, Switzerland, Yugo-Slavia, Israel, Turkey and Japan, and the Commonwealth countries represented have included Pakistan, India, Malaya, East Africa and the West Indies.

Recent visitors have included Mr. Knolly Kerry, a West Indian Civil Servant engaged in Public Health administration in Trinidad, who spent six weeks with us and made many friends. Another visitor was Dr. Balabanovic of Yugo-Slavia, who was particularly interested in the Sherwood Village Settlement and associated Sherwood Industries. Later we entertained a number of East African Local Government Officers from Uganda and Tanganyika—some of them Chiefs in their own country—who all displayed a lively interest in the work of the County Council as Local Health Authority. It was interesting, though not always easy, to describe and explain to our visitors the services which we take for granted but which to them represent something to be aimed at as an achievement for the future. It was no less interesting to learn from our guests of their own problems—of the steps being taken, for example, in the West Indies to prevent and control hook-worm infestation. We know from the many expressions of gratitude that we have received that our guests have enjoyed their visits and our hope is that we have been able to contribute in some small measure to the development of their Health Services and by so doing to foster and encourage those friendly relations which are essential to world peace.

At the time of writing, and following the British Medical Association's Annual Representative meeting held in Sheffield, much has been said and written about the place of Local Health Authority Clinics in the arrangements for the care of expectant mothers and children under the National Health Service.

Having virtually vetoed the establishment of Health Centres under Section 21 of the Act, our colleagues in the general medical services now voice the opinion that within their own field of responsibility they can do all that the clinics can do, and that therefore the clinics are redundant.

I doubt the first contention—I refute the second.

No obligation is placed on the Hospital, Consultant or General Medical Practitioner to go out " into the field " and ascertain defect.

Their obligation under their terms of activity within the National Health Service is to provide treatment for those who " apply " for it.

The education of the individual in health and hygiene is implicit in their association with the patient under treatment, and with the members of the family concerned, but that is where obligation ends in this vitally important aspect of the general public health.

It can be contended that our colleagues in general practice—however good intention may be—have neither the time, the outlook, nor the specialised training adequately to take the place of the clinic medical officer.

For the time being, Section 22 remains on the Statute Book ; Local Health Authorities have their statutory obligations and their clinics as at present administered will continue to serve their particular sections of the public.

So far as Nottinghamshire is concerned, it remains for me to leave these problems to my successor and to wish him well.

In passing, I would like to pay tribute to my Lay Administrative Officer, Mr. W. L. Richardson, who was a member of the Public Health staff when I joined the Service in 1929 ; has served the Council in this Department since 1st July, 1920.

His profound knowledge and experience have been a source of strength to all concerned with the Department.

To my Deputy, Dr. A. R. C. Margetts, go my grateful thanks for his friendship and constant support, and my earnest good wishes for a future rich with responsible opportunity.

I am,

Ladies and Gentlemen,

Your obedient Servant,

C. W. W. JEREMIAH.

SECTION II.

SUMMARY OF STATISTICS, 1960.

Area in acres (land and inland water, Census 1951) (actual 523,482)	*521,645
Population Census, 1951 (actual 535,156)	*533,361
Number of Households Census, 1951	156,581
Average number of persons per household, Census 1951	3.3
Population estimated, June, 1960	583,730
Rateable Value	£6,898,796
Estimated product of a penny rate	£27,813

*These figures relate to the area and population of the County after the Nottingham City and County Boundaries Act, 1951 had become effective on the 1st April, 1952.

VITAL STATISTICS, 1960

	County	*England and Wales*
Mothers and Infants		
Live Births	10,295	782,221
Live Births per 1,000 population : Crude	17.64	17.1
Corrected	17.46	
Illegitimate live births per cent. of total live births	3.62	5.4
Still Births	216	15,794
Still Births rate per 1,000 live and still births	20.55	19.8
Total Live and Still Births	10,511	798,015
Infant Deaths	237	17,118
Infant mortality rate per 1,000 live births	23.02	21.9
Infant mortality rate per 1,000 live births—legitimate	22.98	Not available
Infant mortality rate per 1,000 live births—illegitimate	24.13	Not available
Neo-Natal Mortality rate per 1,000 live births	15.83	15.6
Early Neo-Natal Mortality rate per 1,000 live births	12.92	13.38
Perinatal Mortality rate (still births and deaths under 1 week combined per 1,000 total live and still births)	33.20	32.9
Maternal Deaths—including abortion	3	311
Maternal mortality rate per 1,000 live and still births	0.29	0.39

	County	*England and Wales*
Deaths (All ages)		
Number—all causes	5,933	526,275
Death Rate : Crude	10.16	
Corrected	11.99	11.5
Tuberculosis		
Number of Deaths—		
All Forms	26	3,426
Pulmonary	23	3,094
Non-Pulmonary	3	332
Death Rate—		
All Forms	0.05	0.08
Pulmonary	0.04	0.07
Non-Pulmonary	0.01	0.01
Cancer		
Number of Deaths	1,071	98,691
Death Rate	1.83	2.16

Population

The estimated population of 583,730 shows an increase of 8,330 on the previous year. The biggest increase was in Bingham R.D.—1,110.

The natural increase (excess of births over deaths) was 4,362.

County District Statistics.

These are given in Tables I, II, III and IV at the end of the Report.

Live Births

The following Table gives details for the year :—

Number of Registered Live Births			
	Legitimate	Illegitimate	Total
Male	5,069	183	5,252
Female	4,853	190	5,043
Total	9,922	373	10,295

Illegitimate Births

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 Live Births
1950	394	0.73	45.4
1951	396	0.72	46.4
1952	368	0.68	43.2
1953	349	0.65	40.5
1954	384	0.70	44.7
1955	335	0.61	38.4
1956	329	0.60	36.9
1957	346	0.61	36.9
1958	372	0.65	38.5
1959	421	0.73	42.3
1960	373	0.64	36.2

Principal Causes of Death

Heart Disease	1,936
Cancer, Malignant Disease	1,071
Vascular Lesions of Nervous System	867
Diseases of Respiratory System (excluding Tuberculosis)	630
Accidents	189

Infant Deaths

Deaths of Infants under one year of age			
	Legitimate	Illegitimate	Total
Male	137	6	143
Female	91	3	94
Total	228	9	237

Distribution of Still Births and of Infant Deaths

	Still Births	Under One Month	Between 1-12 Months	Total
URBAN DISTRICTS				
Mansfield (Borough)	22	22	7	51
Worksop (Borough)	21	7	8	36
Newark (Borough)	9	8	4	21
East Retford (Borough)	9	3	2	14
Arnold	7	5	2	14
Beeston & Stapleford	11	13	5	29
Carlton	10	12	7	29
Eastwood	6	6	1	13
Hucknall	7	5	1	13
Kirkby-in-Ashfield	7	8	1	16
Mansfield Woodhouse	11	3	6	20
Sutton-in-Ashfield	16	11	9	36
Warsop	7	5	2	14
West Bridgford	5	7	—	12
Totals for Urban Districts	148	115	55	318
RURAL DISTRICTS				
Basford	19	14	6	39
Bingham	8	3	1	12
Worksop	11	7	3	21
East Retford	7	6	4	17
Newark	7	2	1	10
Southwell	16	16	4	36
Totals for Rural Districts	68	48	19	135
Whole County	216	163	74	453

Table of Causes of Death of Children Under One Year of Age

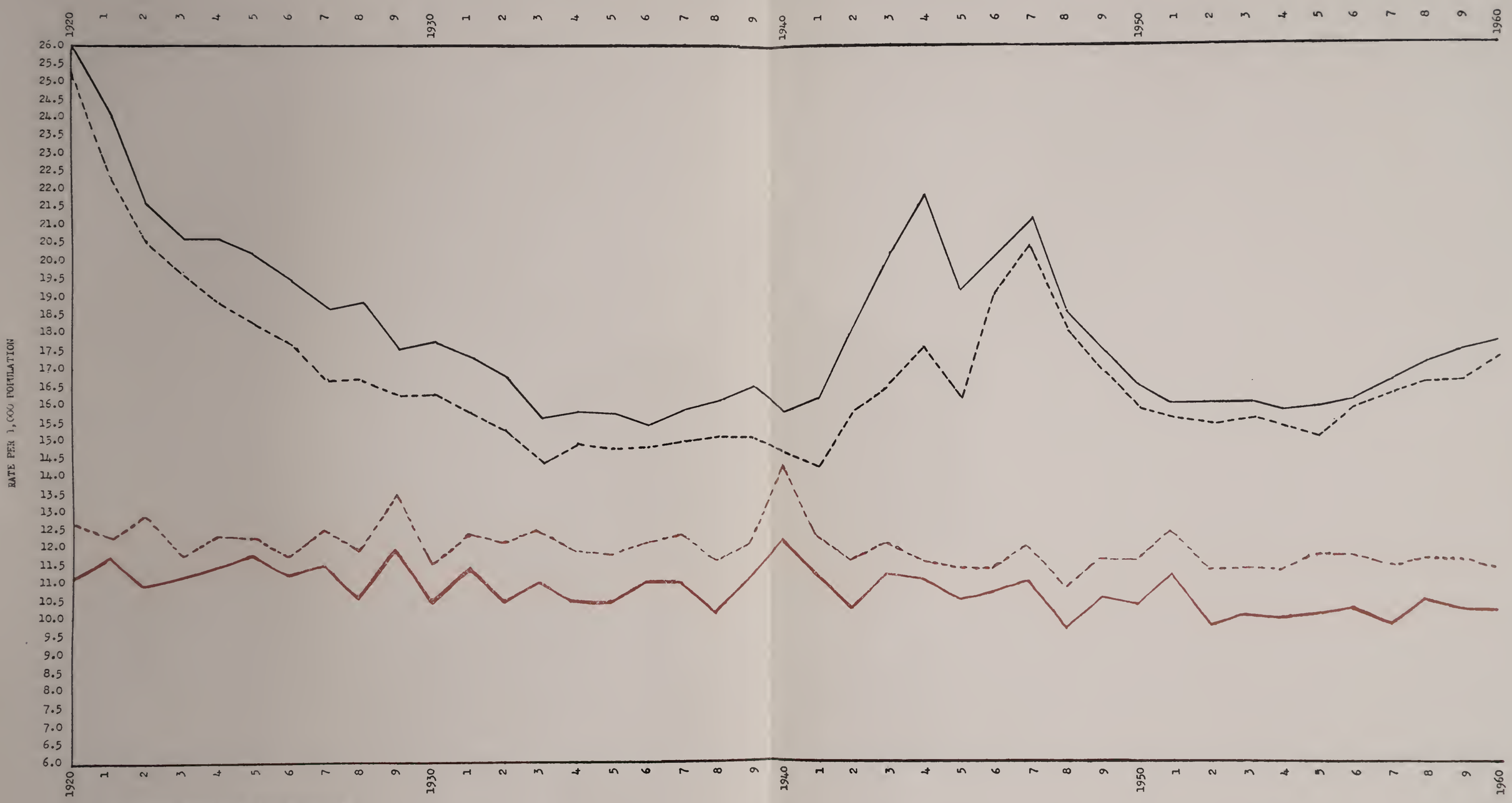
Cause of Death	Number of Deaths			Rate per 1,000 Live Births
	Urban Districts	Rural Districts	Whole County	
Whooping Cough	1	—	1	0.10
Meningococcal Infections	1	—	1	0.10
Measles	1	—	1	0.10
Other Infective and Parasitic Diseases	2	—	2	0.19
Vascular Lesions of Nervous System	1	1	2	0.19
Influenza	1	—	1	0.10
Pneumonia	32	7	39	3.79
Bronchitis	1	—	1	0.10
Other Diseases of Respiratory System	1	—	1	0.10
Gastritis, Enteritis and Diarrhoea	4	—	4	0.39
Congenital Malformations	33	13	46	4.47
Other Defined and Ill-Defined Diseases	88	43	131	12.71
All Other Accidents	4	3	7	0.68
Totals	170	67	237	23.02

Births and Death Rates (Corrected)

To render the local crude birth and death rates comparable with the country as a whole it is necessary to correct them by the application of factors which compensate for differences in age and sex distribution in the local population, compared with the distribution in the country as a whole. Such factors have been furnished by the Registrar-General in respect of each of the County Districts, for the aggregates of Urban Districts and Rural Districts, and for the County as a whole.

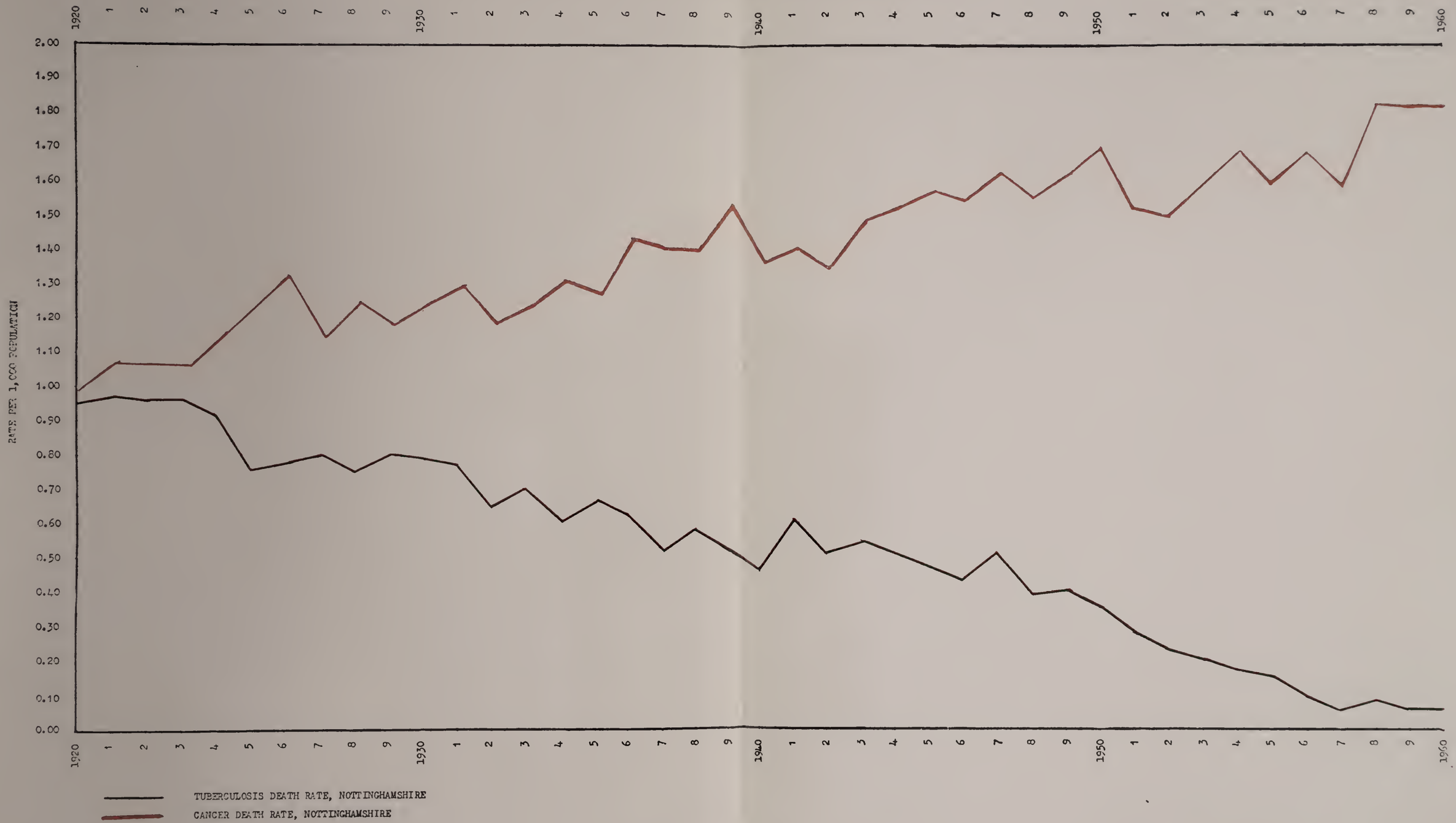
BIRTH AND DEATH RATES

NOTTINGHAMSHIRE - COMPARISON OF BIRTH AND DEATH RATES, 1920 TO 1960



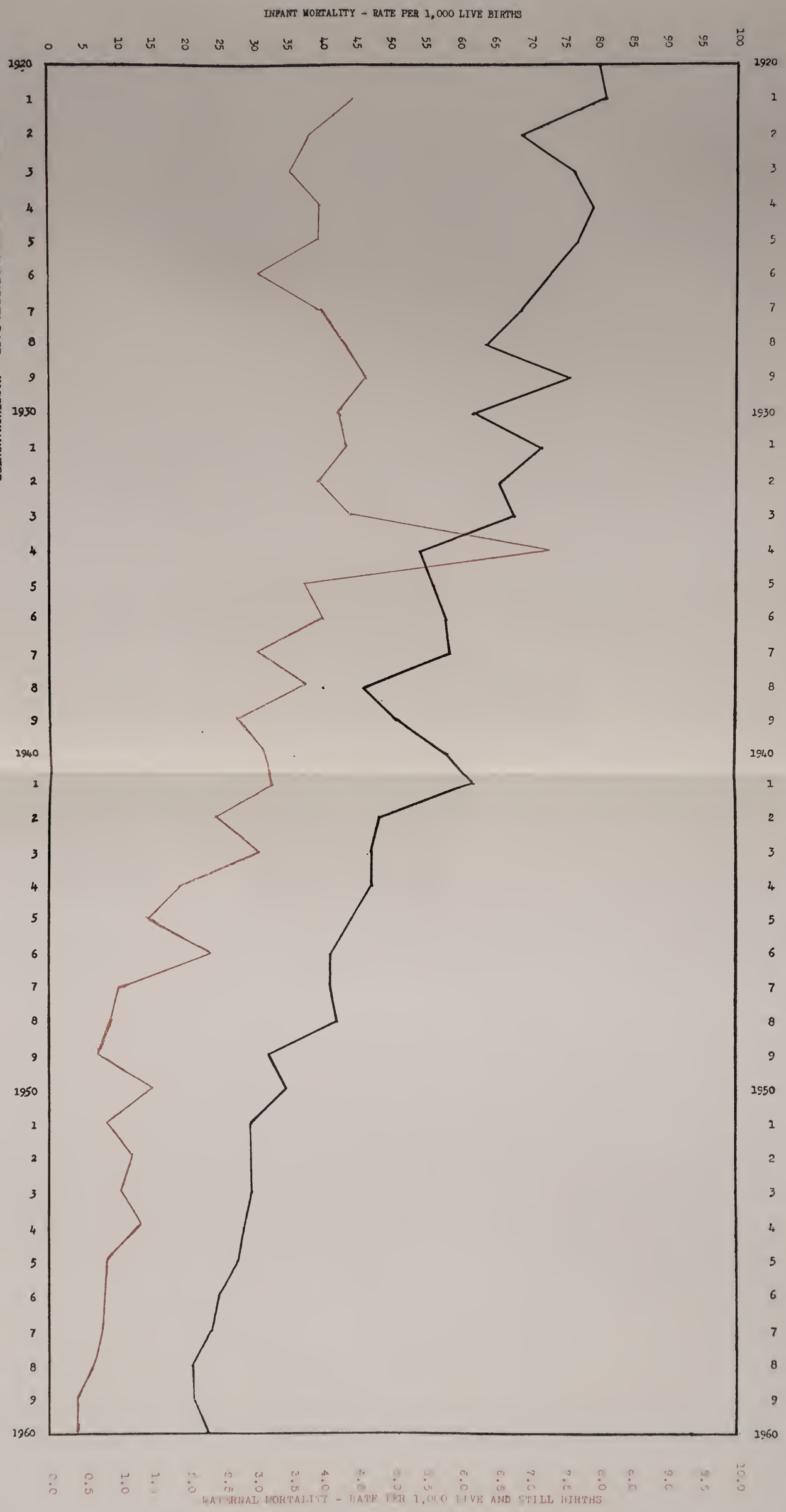
TUBERCULOSIS AND CANCER DEATH RATES

NOTTINGHAMSHIRE - TUBERCULOSIS DEATH RATE AND CANCER DEATH RATE, 1920 to 1960



INFANT AND MATERNAL MORTALITY

NOTTINGHAMSHIRE - INFANT MORTALITY AND MATERNAL MORTALITY - 1920 to 1960

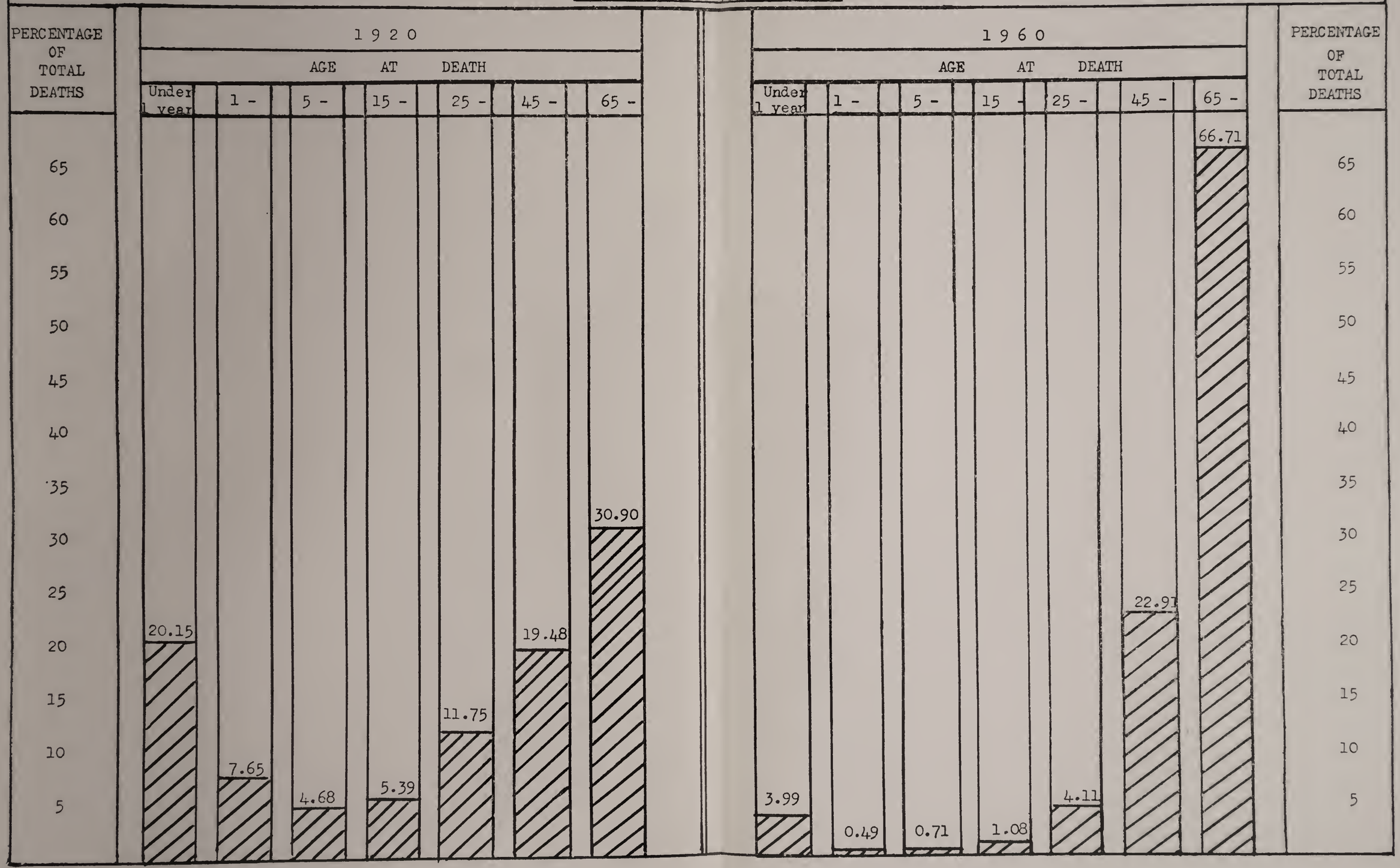


DEATHS AT DIFFERENT PERIODS OF LIFE

DEATHS AT DIFFERENT PERIODS OF LIFE

N O T T I N G H A M S H I R E

COMPARISON OF 1920 AND 1960



The following table gives the crude rates for each district, the correcting factors by which the crude rates are to be multiplied, and the resultant corrected rates.

District	BIRTHS			DEATHS		
	Crude Rate per 1,000 of the Population	Area Comparability Factor	Corrected Rate per 1,000 of the Population	Crude Rate per 1,000 of the Population	Area Comparability Factor	Corrected Rate per 1,000 of the Population
Urban Districts—						
Mansfield (Borough)	16.9	0.97	16.4	11.8	1.10	13.0
Worksop (Borough)	19.7	0.96	18.9	9.3	1.26	11.7
Newark (Borough)	18.3	1.00	18.3	11.4	1.03	11.8
East Retford (Borough)	17.4	0.99	17.3	13.5	0.94	12.7
Arnold	18.5	0.96	17.8	8.3	1.30	10.8
Beeston & Stapleford	17.0	0.97	16.5	8.4	1.36	11.5
Carlton	17.0	0.97	16.5	10.2	1.18	12.0
Eastwood	19.0	1.00	19.0	7.6	1.34	10.2
Hucknall	17.3	1.00	17.3	9.5	1.36	12.9
Kirkby-in-Ashfield	17.9	0.98	17.5	10.0	1.25	12.5
Mansfield Woodhouse	21.4	0.98	21.0	8.7	1.42	12.4
Sutton-in-Ashfield	15.9	1.00	15.9	10.7	1.29	13.8
Warsop	15.8	0.95	15.0	9.8	1.40	13.7
West Bridgford	17.0	1.03	17.5	11.7	0.87	10.2
Aggregate of Urban Districts	17.6	0.98	17.2	10.1	1.20	12.2
Rural Districts—						
Basford	17.5	0.98	17.1	9.8	1.21	11.9
Bingham	19.3	1.08	20.8	13.0	0.84	10.9
Worksop	17.7	1.04	18.4	9.1	1.45	13.2
East Retford	15.2	1.10	16.7	9.6	0.98	9.4
Newark	18.8	0.99	18.6	8.9	1.08	9.6
Southwell	18.4	1.00	18.4	10.6	1.24	13.1
Aggregate of Rural Districts	17.8	1.02	18.1	10.3	1.15	11.8
Whole County	17.6	0.99	17.5	10.2	1.18	12.0
England and Wales	17.1	—	—	11.5	—	—

STAFF EXAMINATIONS

During the course of the year, **1,693** individual cases were dealt with. Of this number **97** withdrew their applications and **38** were in respect of requests from other Authorities.

A summary of the remaining 1,558 cases is as follows :—

Dealt with by submission of a Statement of Medical History		
Requiring Medical Examination only	264	
Requiring Medical and Chest X-ray examination	182	
Requiring Chest X-ray Examination only	105	
No Medical or Chest X-ray Examination required	345	
		896
Entrants to the Teaching Profession and Training of Teachers		
Entrants to Teaching Profession	110	
Entrants to Training Colleges	283	
		393
Re-examination of Existing Staff		
Fire Service	5	
Ambulance Service	36	
School Crossing Patrols	117	
Requests from Employing Departments	41	
		199
Examinations carried out by General Practitioners in respect of Retained Firemen	37	
Medical Examination of Printing Trade Apprentices	33	
		1,558

Of the **896** Statements of Medical History submitted, from the information given it was decided that a medical examination was unnecessary in respect of 450 candidates (345—no examination, 105—Chest X-ray examination only).

To dispense with the possibility of having to undergo a physical medical examination, candidates for employment in the County Council's Service are required to complete a comprehensive medical history form. However, in view of the nature of the employment it is necessary, in some cases, for a medical examination to be a part of the Conditions of Service (e.g. firemen, ambulance personnel, school crossing patrols, etc.). During the course of the year, 201 medical examinations of this type were carried out.

Of the 695 remaining medical history forms received it was possible to dispense with the medical examination for 450 candidates (approximately two-thirds) and only in 245 instances were medical examinations considered to be necessary.

Dispensing with medical examinations in respect of 450 candidates meant a considerable saving of Medical Officer time.

SECTION III.

INFECTIOUS DISEASES

The total numbers of cases of infectious diseases, other than tuberculosis, notified amongst County residents during 1960, were as follows :—

Disease	Cases notified
Scarlet Fever	573
Whooping Cough	703
Measles	5,695
Acute Poliomyelitis—paralytic	4
Acute Encephalitis—post-infectious	6
Meningococcal infection	5
Dysentery	1,093
Puerperal Pyrexia	12
Ophthalmia Neonatorum	5
Acute Pneumonia	149
Paratyphoid Fever	3
Enteric or Typhoid Fever	1
Food Poisoning	91
Erysipelas	18
Malaria	1
Gastro-enteritis	4

In cases where a copy of an infectious disease notification submitted in accordance with statutory requirements was passed to the County Council within 12-48 hours of receipt by a County District Council, the fee paid to the doctor concerned by the County District Council was reimbursed by the County Council.

Health Visitors were provided with details to facilitate preventive action.

SECTION IV.

SANITARY CIRCUMSTANCES OF THE AREA

Sewerage and Sewage Disposal

New Works and Improvements

MANSFIELD M.B.

Twelve new sludge beds constructed at the Sewage Disposal Works as the first part of a reconstruction scheme.

WORKSOP M.B.

Extensions of sewers :—

Surface water	1,460 yards
Foul water	150 yards

NEWARK M.B.

New sewers laid	330 yards

Further progress made on the reconstruction of the Sewage Disposal Works. Two new sewage ejector stations brought into commission.

EAST RETFORD M.B.

New sewage disposal works under construction.

BEESTON AND STAPLEFORD U.D.

Beeston Sewage Works—The scheme for enlarging and improving this Works was prepared and tenders invited.

Stapleford Sewage Works—A tender for £208,000 has been accepted for a scheme covering the almost complete reconstruction of these works.

Chilwell Sewerage Scheme has now been completed.

Surface Water Drainage—a major scheme of surface water drainage costing £98,000 is in progress and will be completed during 1961.

CARLTON U.D.

Extensions of sewers :—

Surface water	1,908 yards
Foul water	794 yards

KIRKBY-IN-ASHFIELD U.D.

Reconstruction of the sewage disposal works carried out.

Mansfield Woodhouse U.D.

Extensions of sewers :—

Surface water	2,504 yards
Foul water	4,129 yards

Sutton-in-Ashfield U.D.

New sewers laid	2,846 yards

Worksop R.D.

Extensions of sewers :—

Foul water	228 yards

East Retford R.D.

Sewerage and sewage disposal schemes completed for Tuxford and East Markham and for Everton and Mattersey.

Work commenced on new sewerage and sewage disposal scheme for Misterton, Walkeringham and Beckingham.

Newark R.D.

New installation at Farndon brought partly into use in December, 1960.

Southwell R.D.

Work commenced on the Farnsfield, Edingley and Halam scheme.

Sewage disposal works commenced to serve Sutton-on-Trent housing site.

Sewage disposal works completed for the South Muskham housing site.

Ministry of Housing and Local Government Inquiries

Schemes which were the subject of investigation at which the Department was represented :—

Worksop Rural District Council—12th January, 1960.

Parish of Oldcotes.

Proposed Scheme of sewerage and sewage disposal.

Engineering Inspector : Mr. E. Brennand.

Newark Rural District Council—3rd February, 1960.

(a) Parish of Winthorpe.

(b) Parish of Coddington.

Proposed Schemes of sewerage and sewage disposal.

Engineering Inspector : Mr. S. K. Gilbert.

Newark Rural District Council—8th June, 1960.

Parish of Farndon.

Interim visit of inspection of sewerage and sewage disposal scheme in progress.

Engineering Inspector : Mr. E. L. Everatt.

Water Supply

There have again been no serious cases of contamination of water supplies during the year, and in the few instances where contamination was confirmed after chemical analysis or bacteriological examination, immediate steps were taken to make the water safe for consumption.

Six hundred and seventy-one samples were taken during the year by officers of District Councils.

Extensions of water mains were carried out in Mansfield M.B. (4,292 yards) ; Worksop M.B. (1,412 yards) ; Newark M.B. (820 yards) ; Carlton U.D. (3,456 yards) ; Kirkby-in-Ashfield U.D. (1,011 yards) ; Mansfield Woodhouse U.D. (2,643 yards) ; Sutton-in-Ashfield U.D. (2,400 yards) ; Warsop U.D. (40 yards) ; Basford R.D. (3,250 yards) ; Worksop R.D. (661 yards) ; Newark R.D. (750 yards) and Southwell R.D. (1,135 yards).

At the close of the year the two long awaited schemes for the parishes of Upper Broughton and Willoughby-on-the-Wolds were virtually complete.

Public Cleansing

This important public health service continues to receive careful attention by all concerned. The design of the vehicles employed is always under review by manufacturers, and local authorities are always ready to adopt a new design possessing worth-while advantages.

In this respect it is noticeable that more and more interest is being shown in those vehicles designed to give dustless loading. In view of the growing public interest in the subject of clean air generally it seems probable that this type will become more widely used, apart from the obvious advantages to those actually engaged.

Smoke Abatement

The comments made in the last report on the activities of local authorities under the Clean Air Act could be repeated this year. One Smoke Control Area for which approval was sought has been confirmed and will shortly become operative and in several districts preparatory work is in progress on other smoke control areas.

The difficulties of certain local authorities in this connection are well understood but there is every reason to believe that in course of time they too will be similarly engaged.

Work of the County Health Inspector

The following is a summary of the work undertaken by the County Health Inspector during the year :—

Investigations concerning public water supplies	15
Investigation of complaints concerning housing circumstances and other matters received from Health Visitors, County Residents, etc.	55
Investigations into environmental circumstances generally, including visits to Officers of County District Councils	417

School Milk

During the year under review 127 samples of milk delivered to schools were taken for examination by the Public Health Laboratory, and all received satisfactory reports.

Prevention of Sale of Tuberculous Milk

This work which proceeded throughout the year and involved the sampling of all the milk producing herds in the County resulted in the lowest number of positive samples since the work began in 1939.

Though the rate of sampling remained unchanged only two samples were reported positive to tuberculosis compared with the corresponding figure of 12 last year (190 in 1939) and this highly satisfactory result serves to prove the success of the Ministry's Eradication Scheme which was completed towards the end of the year.

Milk Samplnig by County Officers

The following is a summary of the work carried out under this heading during the year. It has been possible to continue the supply of pasteurised milk to all Schools and the samples obtained from this source were subjected to the Phosphatase test.

Type of Sample	Collected By	Samples Submitted	No. of Farms Involved	No. of Cows Involved	†Samples not Tested	Result of Biological Examination	
						Negative	Positive
Mixed Herds	Milk Samplers	1,051	2,540	34,084	52	997	2

			Phosphatase Test		Methylene Blue Test		
			Con-forming to standard	Not conforming to standard	Con-forming to standard	Not conforming to standard	*Not Tested
School Milks	County Health Inspector	127	127	—	118	—	9

*Samples "not tested" are those which in accordance with the provisions of the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations were not submitted to the Methylene Blue Test as the atmospheric shade temperature exceeded 65°F.

†The relatively high number of samples not tested was due to the premature death of the guinea pigs before any evidence of tuberculosis could be detected.

SECTION V.

(a) CLINICS AND TREATMENT CENTRES

The table which follows shows the various Clinics and Centres in operation in the County and the figures shown opposite each place indicate the number of sessions held under each heading per month of four weeks.

Situation of Clinic or Centre	Maternity and Child Welfare	Ante-Natal	Post-Natal	School Clinic	Dental
Arnold—Arnot Hill Park	8	2	—	8	—
Arnold—Cavendish Street	4	—	—	—	—
Awsworth	2	2	—	—	—
Balderton	4	2	—	4	—
Beauvale	4	2	—	—	—
Beeston—Dovecote Lane*	12	6	—	8	42
Bestwood	2	1	—	—	—
Bilsthorpe	4	2	—	4	—
Bingham	4	2	—	—	—
Blidworth	4	2	—	—	—
Blyth	2	1	—	—	—
Brinsley	2	2	—	—	—
Bunny	2	—	—	—	—
Burton Joyce	2	—	—	—	—
Calverton	8	2	—	—	—
Carlton—Parkdale	4	2	—	—	—
Carlton—Park House	12	4	—	12	28
Carlton-in-Lindrick	4	—	—	—	—
Chilwell—Ordnance Depot	2	2	—	—	—
Chilwell—Inham Nook	10	2	—	—	—
Clipstone	4	2	—	8	—
Collingham	2	1	—	—	—
Cotgrave	2	1	—	—	—
Cropwell Bishop	2	1	—	—	—
Cuckney	2	1	—	—	—
Dunham-on-Trent	2	1	—	—	—
East Bridgford	2	1	—	—	—
East Leake	2	2	—	4	—
East Retford	12	2	—	8	18†
Eastwood	4	4	—	8	16
Edwinstowe	4	2	—	—	—
Farndon	2	1	—	—	—
Forest Town	4	2	—	—	—
Gotham	2	1	—	—	—
Gringley-on-the-Hill	2	1	—	—	—
Harworth	8	4	—	8	24
Hickling	2	1	—	—	—
Hucknall	12	4	—	12	36
Hucknall—Ruffs Estate	4	—	—	—	—
Huthwaite (Sutton-in-Ashfield)	4	2	—	8	—
Keyworth	2	2	—	—	—
Kilvington	2	1	—	—	—
Kimberley	4	4	—	8	—
Kirkby-in-Ashfield	8	4	—	8	8
Lambley	2	1	—	—	—
Langar	2	2	—	—	—
Langold	4	2	—	4	—
Lowdham	4	2	—	—	—

(*) Ultra-Violet Light Treatment—8 sessions per month.
(†) Includes Evening Sessions.

CLINICS AND TREATMENT CENTRES—*continued*

Situation of Clinic or Centre	Maternity and Child Welfare	Ante-Natal	Post-Natal	School Clinic	Dental
Mansfield—St. John Street	8	4	—	—	—
Mansfield—St. Lawrence Church Hall	8	—	—	—	—
Mansfield—Brownlow Road	4	—	—	—	—
Mansfield—Hermitage Avenue	12	2	—	8	—
Mansfield—Pleasley Hill	4	—	—	—	—
Mansfield—Redcliffe House	—	—	—	4	56
Mansfield—Pleasley	—	—	—	4	—
Mansfield Woodhouse	8	2	—	8	—
Manton (Worksop)	6	—	—	—	—
Mapperley (Plains Road, Arnold)	4	—	—	—	—
Mattersey	2	1	—	—	—
Misterton	4	2	—	—	—
Newark	8	2	—	4	36
Newark (Hawtonville)	8	—	—	4	—
Newstead	4	2	—	—	—
North Muskham	2	1	—	—	—
Nottingham (Clarendon Street)	—	—	—	—	48†
Nuthall	2	2	—	—	—
Ollerton (Methodist Chapel)	6	2	—	4	—
Ollerton (Briar Road)	—	—	—	—	16
Papplewick	2	1	—	—	—
Plumtree	2	2	—	—	—
Porchester (Carlton)	8	2	—	—	—
Radcliffe	2	2	—	4	—
Rainworth	4	2	—	—	—
Ranskill	2	1	—	—	—
Ruddington	2	2	—	—	—
Selston	2	2	—	8	—
Shireoaks (Worksop)	2	—	—	—	—
South Clifton	2	1	—	—	—
South Leverton	2	1	—	—	—
Southwell	4	2	—	4	—
Standhill Road (Carlton)	4	—	—	—	—
Stanton Hill (Sutton-in-Ashfield)	4	4	1	—	—
Stapleford*	8	2	—	8	38
Sutton Bonington	2	2	—	—	—
Sutton-in-Ashfield—Forest St.	8	6	1	—	—
Sutton-in-Ashfield--Lawn House	—	—	—	8	32
Sutton-on-Trent	2	1	—	—	—
Syerston	2	1	—	—	—
Trowell	2	1	—	—	—
Tuxford	4	2	—	—	—
Underwood	2	1	—	—	—
Warsop	8	2	—	8	—
Warsop Vale	2	—	—	—	—
Welbeck Colliery Village	2	—	—	—	—
West Bridgford—Melton Road	12	4	1	—	—
West Bridgford—Alford Road	4	2	—	—	—
West Bridgford—Parochial Hall	—	—	—	4	—
West Bridgford—Loughborough Road	—	—	—	—	42
Westwood	2	2	—	—	—
Willoughby-on-the-Wolds	2	1	—	—	—
Woodborough	2	1	—	—	—
Worksop—Carlton Road	8	4	—	—	—
Worksop—Watson Road	—	—	—	8	18

(*) Ultra-Violet Light Treatment—8 sessions per month.

All Centres and Clinics are equipped for vaccination or immunisation and this is carried out at special sessions arranged according to need or at the request of a parent at a routine session.

(†) Includes Evening Sessions.

(b) NURSING HOMES

No additional premises were registered during the year but three of the existing Nursing Homes were approved for additional cases. The number of Nursing Homes registered at the end of the year was six and these provided a total of 102 beds, i.e. surgical or medical 43, medical or chronic 59.

SECTION VI.

SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS

Liaison Arrangements

During the course of 1960, the home nursing and home help services continued to co-operate with the general practitioners in the care of ill children in the home. The use of these services in co-operation with the general practitioners has enabled many children to be treated at home, who would otherwise have had to be admitted to hospital.

In the North of the County, the County Almoners act as almoners to the hospitals, whilst in the Nottingham area there is excellent co-operation with the Children's Hospital. In this way I am informed of the discharge from hospital of those children whom the Health Department can help, and I am able to arrange for my Health Visitors to follow them up in these areas.

Probably the most common reason for admission is operation for the removal of tonsils or adenoids. In the Southern part of the County the follow-up for many of these operations is arranged through the local authority clinics to avoid repeated out-patient appointments. The physiotherapy service recently introduced in this county is proving of great value in avoiding long journeys to hospital from rural areas and is much appreciated.

HEALTH CENTRES (Section 21)

The conditions favourable to the provision of a Health Centre do not apply anywhere in Nottinghamshire at present, and no Health Centre has therefore been provided, nor is any projected.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

Ante-Natal and Post-Natal Clinics

Facilities for the medical examination of expectant mothers and post-natal cases are provided throughout the whole County. Where the attendances are sufficiently large, separate sessions are held for each category but in the majority of the urban districts and in the more populous rural areas ante-natal and post-natal cases are dealt with at the same sessions. In the scattered rural areas the work is undertaken at the Child Welfare Centres during the sessions attended by a Medical Officer.

At the end of the year the numbers of the different types of clinic were as follows :—

(a) Separate sessions for ante-natal and for post-natal cases	3
(b) Combined sessions for ante-natal and post-natal cases	38
(c) Combined ante-natal, post-natal and child welfare sessions	40
	81

Number of sessions held per month—166.

	Ante-natal	*Post-natal*
Percentages of cases attending these sessions compared with the total number of births in the area	27.54	6.01

Attendances—	*Ante-natal*	*Post-natal*
Primary attendances	2,191	622
Individual mothers attending	2,895	632
Total attendances	13,816	754
Medical Consultations	13,797	754

Consultant Services

Number of expectant mothers referred by Medical Officers to Consultant Obstetricians at Hospital Out-Patient Departments	153
Number of cases referred for X-ray examination for the diagnosis of abnormalities of pregnancy	17

Routine Chest X-ray Examinations of Expectant Mothers

Formal arrangements are in operation for expectant mothers to be referred as a routine practice for chest X-ray examination to Nottingham No. 1 Mass Radiography Unit, and the X-ray Departments of the King's Mill and Newark Hospitals, and every mother attending the Council's Ante-Natal Clinics is given an opportunity to attend. The examinations are made by large film with limited field as recommended by the Adrian Committee.

The number of expectant mothers who availed themselves of these facilities during the year was 570. One case of active pulmonary tuberculosis was diagnosed and was referred to a Chest Physician, hospital treatment being subsequently arranged.

These arrangements are, of course, limited to mothers resident in the southern and central parts of the county. Efforts to extend the facility to the northern area have so far proved unsuccessful as accommodation and staffing difficulties at the Retford and Worksop Hospitals are only sufficient to deal with cases in which there is a clinical reason for a chest X-ray. I have, however, been informed that the necessary facilities for routine examinations will be made available when the proposed development of Kilton Hospital materialises.

Relaxation Instruction for Expectant Mothers

Number of Centres at which Courses are provided	27
Number of expectant mothers who attended	2,034
Total attendances made	12,045

This instruction is available to all expectant mothers irrespective of whether or not they are in attendance at a County Ante-Natal Clinic, provided that in the latter case they are referred by their own doctor.

Provision of Sterilised Maternity Outfits and Pads

Number of outfits issued on certificate of health visitor or midwife	6,018
Number of packets of pads issued for cases discharged from hospital shortly after delivery	39

Local Maternity Liaison Committee

A recommendation of the Cranbrook Committee that Local Maternity Liaison Committees with a professional membership should be established to ensure that local provisions for maternity care are utilised to the best advantage was implemented by the Nottingham No. 2 and the Worksop and Retford Hospital Management Committees. Dr. Margetts and Miss Collins, Senior Supervisor of Midwives, were appointed to these Committees as representatives of the Local Health Authority. These Committees are already doing valuable work in improving the co-ordination of arrangements for maternity care.

Maternity Hospital Accommodation

A further implementation of the Cranbrook Committee's recommendations was the establishment in May of a General Practitioner Unit consisting of twenty-eight beds at the King's Mill Hospital. A proportion of these beds was made available for cases requiring hospital confinement on sociological grounds. The selection of cases for admission to the Unit is made by a Panel appointed by the Hospital Management Committee and comprised of representatives of the Hospital, General Practitioner and Local Health Authority Services. Dr. Jean Forbes represents the Local Health Authority. The availability of these additional maternity hospital beds has alleviated the shortage in the mid-county area but the hospital accommodation in the south of the County is still heavily taxed.

The work undertaken during the year under this heading was as follows :—

Applications received for admission on sociological grounds		
From general medical practitioners	1,091	
From ante-natal clinics	381	
		1,472
Cases referred to hospital	1,186	
Applications withdrawn	155	
Applications which could not be supported	131	
		1,472
Cases referred to hospitals on account of abnormalities ascertained at ante-natal clinics		97

Notifications of Birth

At the beginning of the year the County Council adopted the suggestion of the Royal College of Midwives, made through the County Councils Association, that the 'open post-card' notification of birth should be abolished and the information, which is confidential, be sent to Health Authorities in a sealed envelope. The Business Reply Service system, which was already in operation in the Department, was occordingly extended and a supply of these envelopes was made available at the doctors and midwives.

Maternal Deaths

Number of maternal deaths which occurred during the year—3

Location—Basford Rural District 2

Southwell Rural District 1

Causes of death

1. I.(a) Spontaneous uterine rupture.
 II Severe haemorrhage.
2. I(a). Pulmonary embolism.
 (b). Pregnancy and previous thrombosis.
3. I(a). Peripheral circulatory failure.
 (b). Rupture of uterus.

Premature Births

The Table on Page 37 gives details of the premature births, which occurred during the year, classified under birthweights in accordance with the international standard used by the World Health Organisation.

The services of a paediatrician are available if required for babies born at home, as is also any additional nursing attention which may be necessary, together with the loan of equipment, including special cots.

Weight at birth	Premature Live Births															Premature Still-Births		
	Born in Hospital†			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3-lb. 4-oz. or less (1,500 gms. or less)	78	33	25	—	—	—	10	2	4	—	—	—	—	—	—	49	12	1
(b) Over 3-lb. 4-oz. up to and including 4-lb. 6-oz. (1,500-2,000 gms.)	99	9	82	5	1	4	21	—	19	—	—	—	1	—	1	25	7	—
(c) Over 4-lb. 6-oz. up to and including 4-lb. 15-oz. (2,000-2,250 gms.)	90	3	85	26	1	25	22	—	20	3	—	3	—	—	—	12	1	—
(d) Over 4-lb. 15-oz. up to and including 5-lb. 8-oz. (2,250-2,500 gms.)	234	4	225	145	1	142	22	1	18	5	—	5	—	—	—	17	9	—
Totals ..	501	49	417	176	3	171	75	3	61	8	—	8	1	—	1	103	29	1

†The group under this heading includes cases which may be born in one hospital and transferred to another.

Stillbirths and Infant Deaths

During the year 1960, there were 163 deaths during the first twenty-eight days of life and 216 stillbirths. There were 133 deaths within seven days of birth and the perinatal death rate for the administrative County was thirty-three.

The following summary shows the place of birth and death of the still-births and the neo-natal deaths during the year 1960 :—

Stillbirths

Born at home	50
Born in hospital	166
Total	216

Neo-Natal Deaths

Born at home and died at home	18
Born at home and died in hospital	32
Born in hospital and died in hospital	113
Total	163

MAIN CAUSES OF NEO-NATAL DEATHS

Main Causes of Death	Total	Born at Home Died at Home	Born at Home Died in Hospital	Born in Hospital Died in Hospital	Sex		Premature	Age at Death		
					Male	Female		Under 24 hours	1-7 days	7-28 days
Congenital Malformations	36	5	4	27	15	21	1	10	12	14
Prematurity	60	—	9	51	35	25	60	33	25	2
Atelectasis and Anoxia	27	8	2	17	13	14	11	18	9	—
Birth Hazards	15	2	7	6	12	3	1	4	7	4
Rhesus Incompatibility	6	—	1	5	4	2	—	2	3	1
Infection—Respiratory	10	—	6	4	7	3	3	—	4	6
,, Other	2	—	1	1	1	1	—	—	—	2
Other Causes	7	3	2	2	2	5	—	2	4	1
Total	163	18	32	113	89	74	76	69	64	30

Twenty-three deaths accompanied twin deliveries and one followed a triplet delivery.

Family Planning

Hitherto, selected cases requiring advice on family planning have been referred to the Family Planning Association's Clinics at Nottingham, Sheffield or Doncaster. Following an approach from the Association, the County Council afforded assistance in the establishment of a Family Planning Clinic at Worksop and, at the end of the year, negotiations were in progress for a further Clinic to be opened in Mansfield.

Child Welfare Centres

As indicated in my Report for last year, the new Clinics at Hawtonville (Newark) and Manton (Worksop) were completed in December, 1959, and the first sessions in the new premises were held in January, 1960. These were the first of the purpose-built Clinics which the Maternity and Child Welfare Sub-Committee are hoping to provide in new housing estates or to replace existing Centres held in unsuitable hired premises. The detailed planning which had been devoted to the lay-out of the new Centres has been amply repaid by the success experienced under actual working conditions. In fact, only minor modifications were necessary for the further two Clinics on which building operations were commenced in 1960 at Mansfield (Abbott Road) and Retford (Ordsall).

With the view to implementing the recommendation in the Cranbrook Report on Maternity Services that Local Health Authorities should provide premises and facilities for ante-natal examinations without charge to general practitioner obstetricians, the general practitioner obstetricians in the Newark area were approached as to whether they would be interested in such facilities being made available at the Hawtonville Clinic. This offer was accepted by two practices and sessions commenced in June. The County Midwives attend these sessions with their patients and the Health Visitor is also in attendance in order that health education and other advisory services which the County Council can provide are made available. This experiment has proved successful and towards the end of the year similar arrangements were being made at the Manton Clinic.

In August, the Selston Centre which had been held in the Congregational Chapel since it was established in 1923 was transferred to the Old Portland Road School to which extensive adaptations had been carried out. Improvements at other Centres included re-furnishing, following complete re-decoration, of the Centres at Newstead and Mapperley Plains.

A subsidiary Child Welfare Centre with weekly sessions was opened in January in hired premises at St. Paul's Church Hall, Hucknall, with a view to meeting the needs of the Beauvale and Ruff's housing estates until such time as a purpose-built Clinic can be made available for that part of Hucknall.

Details of the work undertaken at the Child Welfare Centres is as follows :—

Number of Centres operating at the end of the year—94

Number of sessions held per month—408

	Attendances and Medical Consultations			
	Primary	*Attendances Individual*	*Total*	*Medical Consultations*
Infants	7,963	13,059	100,738	25,888
Children	1,190	9,646	52,284	13,170
	9,153	22,705	153,022	39,058

Evening Meetings

A pleasing innovation was the evening group meetings arranged at the Hermitage Avenue Centre, Mansfield, by Mrs. P. Turner, the Health Visitor in charge, at the request of the mothers. The meetings which were held on one evening each week during the winter months afforded the mothers an opportunity of discussing their problems and exchanging ideas. Some sessions were attended by the Health Education staff and other speakers. The mothers were most appreciative of the arrangement, the success of which was cntirely due to the enthusiasm of Mrs. Turner who devoted a great deal of her own time to this venture.

Supply of Dried Milk and Other Nutrients

A comprehensive range of welfare foods is available for sale at all the Centres and, in addition, a variety of nutrients and certain simple medicaments are provided for free issue.

Both sales and free issues are subject to the recommendation of the Medical Officer at the Centre.

Welfare Foods Service

The task of distributing the National Welfare Foods (National Dried Milk, Cod Liver Oil, Vitamin A. & D Tablets and Orange Juice), undertaken by local Health Authorities since the closing of Food Offices on the 28th June, 1954, has continued smoothly throughout the year under review upon the same lines as previously.

The following table gives the extent of the issues of all products during the twelve months ended 31st December, 1960 and for the three previous years :—

	National Dried Milk	Cod Liver Oil	A & D Tablets	Orange Juice
Year	Tins	Bottles	Packets	Bottles
1960	93,590	32,465	31,362	248,473*
1959	106,283	32,442	30,017	256,554*
1958	110,164	31,413	27,603	235,745*
1957	152,947	46,319	28,081	344,639

*Supplied to children up to the age of 2—
previously available to children up to 5 years of age.

A decrease in the consumption of National Dried Milk will be noted, whereas the numbers of the Vitamin products distributed have been maintained at an average level.

The number of Distribution Centres in operation at the end of the year was 136, of which ninety-five were County Council Centres and forty-one Voluntary Centres. The situation of the Centres as between Urban and Rural Districts was as follows :—

	In Urban Districts	*In Rural Districts*	*Total*
County Council Centres	38	57	95
Voluntary Centres	8	33	41

An additional Voluntary Centre was opened during the year at the Winthorpe R.A.F. base, and an additional County Council Centre at the Ruff's Drive Estate, Hucknall.

A considerable number of voluntary workers have participated in the Service both in the running of the purely Voluntary Distribution Centres and also in assisting with the work at other Centres. I am indebted to them for the very good service which they have so willingly undertaken during the year.

The Pre-School Child

The scheme for the ascertainment and follow-up of defects in children under school age was continued, children requiring treatment being referred to the National Health Service in those cases where the arrangements could not be made directly by this Department under the Authority's established Schemes. Included in the latter category were the following :—

Enlarged Tonsils and/or Adenoids
Operations performed 133
Orthopaedic Conditions
Pre-school children referred to Orthopaedic Clinics 26

Paediatric Service

Weekly sessions of Paediatric Clinics are held at the County Clinic, Clarendon Street, Nottingham, and at the Mansfield and Worksop School Clinics. The Clinics are attended by Dr. A. C. Blandy and Dr. M. Eastwood, Consultant Paediatricians, by arrangement with the Sheffield Regional Hospital Board. Dr. Blandy also deals with cases by special arrangement at the Newark Hospital.

Pre-school children referred by Assistant County Medical Officers to these Clinics during 1960 were as follows :—

	Mansfield	*Nottingham*	*Worksop*	*Total*
New Cases	10	35	3	48
Total attendances	31	98	10	139

Routine Hearing Testing of Pre-School Children

The Scheme for the routine hearing testing of pre-school children which was established in 1958 and which was largely centred around the work of Miss J. M. Cooper, the Auditory Therapist, suffered a severe blow by the resignation of Miss Cooper in September, 1960. At the time of writing, it has not been possible to secure the services of a suitably qualified successor and therefore the assessment and training sessions at the Auditory Centre situated in the Clarendon Street Clinic have necessarily had to be suspended.

Prior to Miss Cooper's departure, 261 sessions were held at the Clarendon Street Clinic and fifty-three sessions of work were undertaken at hospital out-patient departments. Two sessions were devoted to Child Welfare assessment work and twenty-six to school and home visits. The cases dealt with at the Auditory Centre between January and September were as follows :—

Cases attending as at 1st January, 1960	37
New cases referred during the year	35
Cases discharged during the year as not requiring further assessment or training	18
Cases removed to other areas	2
Cases attending as at 30th September, 1960	52
Total attendances during the year	685

Since September, the work of testing the hearing of young children has continued at the Child Welfare Centres and fifteen children were reported as possibly suffering from defective hearing. These children were referred to the Consultant Otologists in the usual way.

Defective Vision and Squint

The fourteen Ophthalmic Clinics operating in the County are attended by Ophthalmic Consultants under arrangements made with the Regional Hospital Board. Children found at the Child Welfare Centres to have visual defects are referred by the Medical Officers to these Clinics and during the year 793 pre-school children were examined by the Consultants. Spectacles were prescribed in 139 cases and were obtained through the normal channels of the National Health Service.

Boarded-Out Children and Children placed for Adoption

At the request of the Children's Officers (City and County), the Health Visitors submitted special reports in respect of 101 proposed adopters and sixty-four foster-parents.

Day Nurseries

The average daily attendances during the year at the six Day Nurseries are set out in the following Table and show little variation from the previous year.

Nursery	*Number of Places*	*Average Daily Attendance*		
		Under 2 years	*2-5 years*	*Total*
Beeston	50	8	28	36
Bull Farm	40	7	20	27
Carlton	26	4	17	21
Newark	40	6	20	26
Stapleford	50	7	19	26
West Bridgford	25	7	13	20

In view of the difficulties which had been experienced owing to the Nurseries working with a depleted staff for an extended period during the holiday season, the Nurseries were closed for one week as an experimental measure to enable all the staff to take part of their annual leave at the same time. The week selected was that preceding August Bank Holiday when attendances were normally low. The experiment was wholly successful and the practice has been adopted as a regular procedure.

Nursery Nurses' Training

Under arrangements made with the Nottingham Education Committee girls resident in the County are admitted to the Nottingham Nursery Nurse Training Centre. The theoretical instruction is given at the Centre on two days each week and for the remainder of the time the

girls attend at Day Nurseries which have been approved for the purpose of affording practical training. For some years, the Stapleford Day Nursery was the only County Nursery included in these arrangements but in view of the increased number of suitable County candidates applying for training each year and to enable the excellent facilities at the Training Centre to be used to their fullest extent the County Day Nurseries at Beeston, Carlton and Newark have been approved by the Minister of Health as Training Nurseries.

Practical training is also afforded at the Bull Farm Day Nursery, Mansfield, in connection with the Nursery Nurse Training Courses provided at the Violet Markham School, Chesterfield.

Scheme for Registered Daily Guardians

Women registered as Daily Guardians receive into their own homes not more than two children during the day whilst the mother is at work. In addition to the payment made by the mother, a Daily Guardian receives an allowance of 4s. per week from the County Council. The Health Visitors inspect the homes prior to registration and also undertake subsequent supervision. The cases dealt with during the year are shown in the following Table :—

Cases on Register at 1st January, 1960	10
New cases approved	12
Cases discontinued	13
Cases on Register at 31st December, 1960	9

Nurseries and Child Minders Regulation Act, 1948

The Daily Guardian scheme referred to above only applies in cases where the numbers of children cared for does not exceed two. Cases where there are three or more children, not related to the person undertaking the care of the children, are dealt with under this Act.

Number of Child Minders registered at 1st January, 1960	8
Registrations approved during the year	5
Registrations relinquished	4
Number of Child Minders registered at 31st December, 1960	9
Maximum number of children to be cared for by these Minders	79

Health of Children

Break-up of Families

The Children's Officer is the appointed co-ordinating officer for the purpose of arranging case conferences on difficult families. At her request the County Health Department was represented at these conferences by the appropriate officer concerned, e.g. Medical Officer, Health Visitor, Almoner, District Home Help Organiser, etc.

The Health Visitors also assisted in the rehabilitation of families afforded temporary accommodation in the Welfare Committee's Residential Establishments.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND OF CHILDREN UNDER SCHOOL-AGE

The continued serious shortage of Dental Officers severely restricted during the year 1960 the extent of the dental service provided under Section 22 of the National Health Service Act.

In regard to expectant and nursing mothers a total of 1,002 were inspected during the year by the Dental Officers. Of this total 957 were offered treatment and 877 received treatment in the County Dental Clinics. Six hundred and twenty-four of these women were made dentally sound and the remaining 253 received partial treatment only.

On 31st December, thirty-three women were still awaiting an appointment for dental inspection, and 219 women were in the midst of a course of treatment and are, therefore, not included in the number treated during 1960.

In regard to children under school-age 825 were inspected, 669 offered treatment and 662 received treatment, 419 of them being made dentally sound.

The following table gives statistical details of the dental work carried out during 1960, the corresponding figures for 1959 being shown in brackets for comparison.

	Expectant and Nursing mothers		*Children under five*	
(a) Numbers provided with dental care				
Number examined	1,002	(1,166)	825	(861)
Needing treatment	957	(1,117)	669	(700)
Treated	877	(1,031)	662	(690)
Made dentally fit	624	(728)	419	(337)
(b) Forms of dental treatment provided				
Extractions	3,575	(4,569)	1,182	(1,103)
General anaesthetics	223	(299)	328	(344)
Fillings	815	(861)	111	(175)
Scaling and gum treatment	236	(276)	—	(3)
Silver nitrate treatment	34	(12)	465	(545)
Radiographs	63	(79)	—	(—)
Full upper or lower dentures	332	(412)	—	(—)
Partial upper or lower dentures	219	(205)	—	(—)
Crown or inlays	—	(1)	—	(—)

In previous reports, comments have been made about the bad state of the teeth of many children under school age and also about the large quantities of sweets which are consumed between meals by young children. Mention of these matters has been made during the last few years at organised health education lectures and also to numerous individual parents during chair-side talks, but in spite of these efforts there is ample evidence that the age-old habit of giving young children quantities of sweets is still prevalent.

MIDWIFERY (Section 23)

The County Council's midwifery service is provided by the direct employment of whole-time County Midwives and by District Nurse-Midwives employed by District Nursing Associations affiliated to the Nottinghamshire Nursing Federation who act as agents of the County Council. The County is divided into areas of three types, i.e.

(1) Areas covered by County Midwives only.

(2) Areas covered by Midwives employed by District Nursing Associations.

(3) Areas covered partly by County Midwives and partly by Midwives employed by District Nursing Associations.

Number of midwives practising at the end of the year

County Midwives	69	
District Nurse-Midwives	61*	
Hospital Midwives	38	
Midwives in Private Practice	3	
	——	171

*The amount of midwifery services afforded by the District Nurse-Midwives was equivalent to 20.69 whole-time midwives.

Supervision of Midwives

Number of midwives who notified their intention to practise—205

Visits by Supervisors of Midwives—

Routine inspections	504	
Investigations into abnormal cases	1,598	
Other visits	365	
	——	2,467

Number of cases in which medical aid was summoned by a midwife—

where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	856	
other cases	266	
	——	1,122

Number of claims received from medical practitioners—148

Total amount of claims received—£410-11-6d.

Other statutory notices received from midwives were as follows :—

Notification of	Stillbirth	56
do.	Death of Child	17
do.	Death of Mother	—
do.	Laying out the Dead	10
do.	Liability to be a Source of Infection	161
do.	Artificial Feeding	*1,115
		1,359

*This figure relates to the period 1st January to the 30th June, 1960, only, as after that period notification of artificial feeding was discontinued in accordance with the amended rules of the Central Midwives Board.

Eye Discharge in the Newborn

Number of cases reported of inflammation of, or discharge from, the eyes of new-born infants	86
Number of these cases notified as Ophthalmia Neonatorum	5

Every case was immediately investigated by a Supervisor of Midwives and subsequently followed-up by a Health Visitor. No case of resultant impaired vision was noted.

Puerperal Pyrexia

Number of cases notified during the year—		
Domiciliary	9	
Hospital	3	
	——	12

Deliveries attended by Midwives

Domiciliary Cases

	Doctor not booked		Doctor booked	
	Doctor present at delivery	*Doctor not present at delivery*	*Doctor present at delivery*	*Doctor not present at delivery*
County Midwives	20	710	885	2,397
District Nurse-Midwives	6	148	279	933
Privately Practising Midwives	—	—	15	1
	26	858	1,179	3,331

Cases in Institutions

Hospitals	2,185	
Private Nursing Homes	—	
	2,185	
Number of cases delivered in hospital and attended by domiciliary midwives on discharge from hospital before the end of the lying-in period		1,201

Administration of Analgesics

Number of midwives practising at the end of the year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board—

Domiciliary Midwives		
County Midwives	68	
District Nurse-Midwives	61	
Privately Practising Midwives	1	
		130
Hospital Midwives		36
		166
Number of sets of Gas-Air apparatus in use on the district at the end of the year		126

Number of cases in which analgesia was administered on the district during the year—

	Gas and Air		Pethidine	
	Doctor present at delivery	*Doctor not present at delivery*	*Doctor present at delivery*	*Doctor not present at delivery*
Administered by				
County Midwives	687	2,175	461	1,207
District Nurse-Midwives	240	857	124	453
Privately Practising Midwives	—	1	4	—
	927	3,033	589	1,660

Infant Oxygen Resuscitators

Each County Midwife and District Nurse-Midwife is equipped with this apparatus.

The number of occasions on which it was used during the year was—89.

Visits by County Midwives and District Nurse-Midwives

	County Midwives	*District Nurse-Midwives*
Ante-Natal		
Home	42,950	11,426
Clinic	5,252	770
Delivery	4,012	1,366
Lying-in	79,369	29,549
	131,583	43,111

Refresher Courses for Midwives

Number of midwives who attended a course of instruction during the year in accordance with Section G. of the Rules of the Central Midwives Board—

County Midwives	7	
District Nurse-Midwives	19	
	——	26

HEALTH VISITING (Section 24)

The policy of employing Clinic Nurses, i.e. State Registered Nurses who do not hold the Health Visitor's Certificate, to relieve Health Visitors of certain duties for which their special qualifications are not essential, was fully justified as notwithstanding the further demand on nurse's time for work connected with Vaccination and Immunisation, including B.C.G. Vaccination, the figures relating to Home Visiting set out in the following Table show an increase of 23,893 over the previous year :—

Home Visits

First visits to Infants	10,586
Re-visits to Infants	60,295
Visits to Children aged 1 and under 2 years	31,967
Visits to Children aged 2 but under 5 years	75,879
Visits to Expectant Mothers	8,816
Visits to Post-natal Mothers	8,150
General Health Visiting	6,862
	202,555

In addition to the actual visits included above, a total of 24,407 fruitless visits were made to cases where the mother or a responsible representative was not at home. Also, the Table does not include visits by Health Visitors to tuberculous cases which are referred to later in this report.

Having regard to the many other activities of the Health Visitors, the majority of whom are engaged on combined duties which include School Health and Vaccination and Immunisation work, and in some instances Tuberculosis visiting, this further increase in Maternity and Child Welfare Home Visiting is most satisfactory, particularly as the increase in visits includes those made to the older toddlers.

Training of Staff

Training Scheme for Pupil Health Visitors

The joint arrangements with the Nottingham City Authority for the training of Health Visitors resulted in three Health Visitors being appointed in October. As it was possible by recruitment through normal channels to fill the vacancies which arose during the year owing to retirement or resignation, the net result was that at the end of the year the number of nurses engaged on health visiting duties, in addition to the three Superintendent Health Visitors, was seventy-nine, an increase of three over the previous year. The proportion of time allocated to maternity and child welfare work was equivalent to 56.3 whole-time Health Visitors.

Refresher Courses

Health Visitors attend in rotation the Refresher Courses arranged by the Women Public Health Officers' Association or the Royal College of Nursing and eight Health Visitors attended such a Course during 1960.

Training in Mental Health

Two courses were arranged during the year at which Dr. T. A. Ratcliffe, the Child Psychiatrist, led discussion groups of Health Visitors. The courses, each consisting of six weekly sessions, were held at the County Clinic, Clarendon Street, Nottingham, and a total of twenty-three Health Visitors participated.

I am grateful to Dr. Ratcliffe for his help, both in this connection and in the Pre-school Guidance and Psychiatric Services to Mothers and Clinics to which reference is made in the following comments which he has kindly furnished for this Report :—

> " 1960 has been the first full year of our Pre-School Guidance Service. I have continued to hold these sessions fortnightly, alternately at the Beeston and Arnold Child Welfare Clinics. The basic function of this Service remains unchanged. Our aim is

essentially to provide reassurance and help to the parents of essentially " normal " children, who are worried by the inevitable handling and behaviour problems which can arise in infancy. In my experience, the vast majority of parents are fundamentally good parents with the genuine interest of their children at heart. Indeed it is often because they are basically good parents that they become anxious, and unsure, in their handling of the child. It is not advice (in the conventional sense of the word) that these parents need ; often enough they have been confused already by too much contradictory, if well intentioned, advice. Their real need is to be helped to see the essential normality of their problem, and their own basic competence as parents.

Clearly this is a task which involves not only the Service which we now provide, but also Clinic Medical Officer, Health Visitor and family Doctor. From the beginning we have been fortunate in our close co-operation with the professional staffs of the two Child Welfare Clinics concerned. So what has been particularly gratifying during the past year has been the increasing and considerable use made of this new Service by the local family Doctors.

As an important and integral part of this necessary understanding of each other's roles, I also continued during 1960 the regular discussion sessions with small groups of the County's Health Visitors. These sessions have proved their worth, and are still much welcomed by the Health Visitors themselves."

HOME NURSING (Section 25)

The arrangements whereby a Home Nursing Service is provided under agency arrangements by the Nottinghamshire Nursing Federation and their affiliated or associated District Nursing Associations were continued throughout 1960.

As judged by cases attended and visits paid, the work of the Nurses again shows a decline, the cases attended falling from 8,262 in 1959 to 7,513 in 1960, while the visits paid decreased from 266,742 in 1959 to 252,883 in 1960. Of the cases attended 5,247, or seventy per cent., were persons aged sixty-five and over, while the visits paid to people in this category—161,729—represented sixty-four per cent. of the total. On the other hand, only 254 of the cases attended (three per cent. of the total) were children under five, and these children received 1,760 visits, or 0.7 per cent. of the total.

Commenting on the statistics Miss Jamieson, the Superintendent of the Nottinghamshire Nursing Federation, reports that there appears to be a general decrease in cases and visits throughout the County, practically every District being affected. She attributes the decrease to the fact that the majority of diabetic patients now give their own insulin (which they are encouraged to do from the hospital). This, of course, was previously done by the District Nurses and involved over three hundred visits annually to each diabetic patient. At one time, especially in urban areas, the Nurses each had five or six diabetic patients to attend

to ; whereas the maximum of such patients now appears to be two, as only those whose sight is affected and the infirm are left for the District Nurses to inject. Miss Jamieson makes the further point that less penicillin is given by injection, and it is rarely given twice daily as was the practice two or three years ago. She adds that the pattern of work appears to be altering, the cases nursed now being long-term cases and requiring more attention for their comfort.

There was very little change in the ratio of staff to population, the figure for 1960 being one per 5,455 compared with one per 5,532 in 1959.

The County Council again sent six fully-trained Nurses and four State Enrolled Assistant Nurses to Post-Graduate Courses of Instruction.

The repair, redecoration or improvement of houses occupied by District Nurses was authorised in seven cases. Furniture and equipment were provided in three cases, including some equipment for the offices of the Nottinghamshire Nursing Federation.

Three old cars were sold during the year, and three new cars were provided. Four garages were repaired and one garage was acquired from a District Nurse who had no further use for it.

The Table of Statistics appended indicates the staffing position and the work done during each of the five years 1956 to 1960 inclusive.

General Statistics (Whole County)

	1956	1957	1958	1959	1960
Total No. of Cases attended	9,967	9,562	8,747	8,262	7,513
*Average No. of Cases attended per equivalent of Whole-time Nurse	96	97	79	79	70
Total No. of Visits paid	277,545	290,228	278,595	266,742	252,883
*Average No. of Visits paid per equivalent of Whole-time Nurse	2,690	2,932	2,528	2,565	2,363
Average No. of Visits paid per Case	28	30	32	32	34
*Equivalent of Whole-time Staff employed at 31st December	103	99	110	104	107
**Equivalent of Whole-time Staff required at 31st December	137	139	142	143	146
‡Extent to which Staff falls short of requirements at 31st December	34	40	32	39	39
‡Ratio of Staff to Population at 31st December	1 per 5,345	1 per 5,604	1 per 5,180	1 per 5,532	1 per 5,455

*Some Nurses devote part of their time to Domiciliary Midwifery.

**On basis of 1 per 4,000 of population.

‡Expressed as equivalent of Whole-time Nurses.

VACCINATION AND IMMUNISATION (Section 26)

District Medical Officers of Health, acting on agreed terms as the County Council's agents for the organisation and conduct of this work within their Districts, continued throughout the year to offer vaccination against smallpox and immunisation against diphtheria and whooping cough, as well as vaccination against Poliomyelitis, to the parents of all newly-born infants and to the parents of unprotected children moving into the County from other areas. The County Council's Health Visitors and School Nurses worked in close collaboration with the District Medical Officers of Health in this work and, where necessary, clinical assistance was given by the County Council's own medical staff.

Medical Practitioners taking up general medical practice in the Council's area were also invited to take part in these arrangements by submitting completed standard record cards of the vaccination or immunisation by them of persons on their medical lists and by 31st December, 1960 a total of 404 general practitioners had enrolled for this purpose.

The Tables on Pages 57 to 59 show the work completed in the several County Districts, and in the County as a whole, during the year and according to these figures the percentages protected against the following diseases by vaccination or immunisation before their first birthday were as follows :—

Disease	*Protected before first birthday*
Smallpox	45.8%
Diphtheria	74.3%
Whooping Cough	73.0%

For the fourth year in succession no case was notified and no death occurred from diphtheria in the County Council's area.

Poliomyelitis Vaccination

In addition to offering vaccination against poliomyelitis in infancy as referred to above, arrangements were continued throughout the year to offer vaccination to persons born since 1st January, 1933 ; to expectant mothers and to persons at special risk in certain categories prescribed by the Ministry of Health. As from the beginning of February, 1960, these arrangements were further extended by the offer of vaccination to all persons who had not at the time of their application reached the age of 40 years ; to persons going abroad (other than to countries in Europe, Canada or the United States of America) and to certain additional categories at special risk.

To cater for persons at work who wished to be vaccinated by the Authority's medical staff, sessions were again organised at the larger centres of employment in the Council's area and evening sessions were held at certain convenient Clinics and Centres. By these measures, and the continuing co-operation of general medical practitioners—a total of 374 were taking part in the Scheme by the end of the year—almost 118,000 injections were given during 1960.

The Table on Page 60, which has been compiled from information provided by District Medical Officers of Health, shews the work undertaken in each County District, and in the County as a whole, during the year and the numbers awaiting their first injections at the end of 1960. With the work undertaken in previous years since poliomyelitis vaccination was first offered in 1956, a total of 187,052 persons in all groups had been vaccinated with two injections and 155,567 persons had been given a third injection, under the County Council's Scheme, by the end of 1960, the acceptance rates then being as follows :—

Children (born in years 1943-1960)		approx.	80%
Young Persons (born in years 1933-1942)		,,	47%
Adults (under 40 years of age)		,,	22%

Towards the end of the year, the Authority noted and informed all concerned of the Government's decision to offer vaccination by General Practitioners with vaccine obtained through the pharmaceutical service to persons not covered by the above-mentioned arrangements and of the County Council's decision not to require records of such vaccinations.

VACCINATION AGAINST SMALLPOX, 1960

District	Number Vaccinated*						Number Re-Vaccinated*					
	Under 1 year	1 year	2—4 years	5—14 years	15 years and over	Total	Under 1 year	1 year	2—4 years	5—14 years	15 years and over	Total
Urban Districts—												
Mansfield (Borough)	387	28	9	13	23	460	—	—	—	5	20	25
Worksop (Borough)	231	25	12	30	23	321	—	—	—	4	34	38
Newark (Borough)	226	5	—	2	4	237	—	—	1	—	3	4
East Retford (Borough)	130	27	11	10	2	180	—	—	—	1	10	11
Arnold	294	13	11	10	8	336	—	—	2	3	25	30
Beeston & Stapleford	411	106	27	40	24	608	—	—	2	7	43	52
Carlton	334	17	9	8	16	384	—	—	1	—	14	15
Eastwood	70	37	6	1	10	124	—	—	—	1	3	4
Hucknall	155	12	8	10	14	199	—	—	2	3	28	33
Kirkby-in-Ashfield	109	28	16	5	12	170	—	—	—	—	—	—
Mansfield Woodhouse	148	15	6	—	6	175	—	—	1	—	5	6
Sutton-in-Ashfield	266	5	8	8	12	299	—	—	—	2	6	8
Warsop	98	2	—	3	2	105	—	—	—	—	3	3
West Bridgford	274	32	18	11	17	352	—	—	1	4	48	53
Total	3,133	352	141	151	173	3,950	—	—	10	30	242	282
Rural Districts—												
Basford	343	143	43	49	16	594	—	—	—	1	10	11
Bingham	202	45	26	16	21	310	—	3	17	28	39	87
East Retford	155	30	9	2	14	210	—	—	—	6	14	20
Newark	154	13	12	4	3	186	—	—	—	—	2	2
Southwell	479	31	23	5	8	546	—	—	1	1	3	5
Worksop	171	14	9	2	8	204	—	—	2	5	9	16
Total	1,504	276	122	78	70	2,050	—	3	20	41	77	141
Whole County— Grand Total	4,637	628	263	229	243	6,000	—	3	30	71	319	423

*Classified according to age at date of vaccination.

DIPTHERIA IMMUNISATION, 1960

District	Number of Children Primarily Immunised Against Diphtheria (According to Age at Date of Final Injection)				Number given a Reinforcing Injection
	Under 1 year	1—4 years	5—14 years	Total (Under 15 years)	Total (Under 15 years)
Urban Districts—					
Mansfield (Borough)	658	120	91	869	540
Worksop (Borough)	436	121	79	636	353
Newark (Borough)	363	60	57	480	303
East Retford (Borough)	218	52	28	298	236
Arnold	401	38	18	457	310
Beeston and Stapleford	768	107	47	922	693
Carlton	471	58	28	557	437
Eastwood	214	43	31	288	162
Hucknall	278	40	10	328	164
Kirkby-in-Ashfield	154	132	16	302	219
Mansfield Woodhouse	259	76	55	390	268
Sutton-in-Ashfield	518	52	41	611	538
Warsop	124	25	4	153	174
West Bridgford	353	43	8	404	277
Total	5,215	967	513	6,695	4,674
Rural Districts—					
Basford	807	198	49	1,054	511
Bingham	261	77	28	366	160
East Retford	250	73	24	347	195
Newark	169	85	21	275	133
Southwell	567	168	61	796	649
Worksop	263	51	21	335	213
Total	2,317	652	204	3,173	1,861
Whole County. Grand Total	7,532	1,619	717	9,868	6,535

WHOOPING COUGH IMMUNISATION, 1960

District	Number of Children Primarily Immunised against Whooping Cough (According to Age at Date of Final Injection)				Number given a Reinforcing Injection
	Under 1 year	1—4 years	5—14 years	Total (Under 15 years)	Total (Under 15 years)
Urban Districts—					
Mansfield (Borough)	649	100	14	763	45
Worksop (Borough)	436	121	71	628	273
Newark (Borough)	361	58	6	425	232
East Retford (Borough)	217	51	19	287	41
Arnold	400	35	7	442	91
Beeston & Stapleford	673	193	38	904	459
Carlton	469	40	30	539	107
Eastwood	214	43	31	288	156
Hucknall	278	38	7	323	43
Kirkby-in-Ashfield	154	131	17	302	219
Mansfield Woodhouse	257	76	13	346	36
Sutton-in-Ashfield	509	46	3	558	8
Warsop	123	24	2	149	14
West Bridgford	353	41	8	402	263
Total	5,093	997	266	6,356	1,987
Rural Districts—					
Basford	805	196	34	1,035	318
Bingham	254	75	26	355	147
East Retford	248	58	11	317	41
Newark	168	81	9	258	79
Southwell	565	150	12	727	489
Worksop	263	50	18	331	134
Total	2,303	610	110	3,023	1,208
Whole County. Grand Total	7,396	1,607	376	9,379	3,195

POLIOMYELITIS VACCINATION, 1960

District	No. who completed a course of two injections					Total (all groups) who had a third injection in the year	Total (all groups) known to be awaiting first injection at 31st December
	Children (born 1943-60)	Young Persons (born 1933-42)	Adults (under 40 years of age)	Other priority groups	Total		
Urban Districts—							
Mansfield (Borough)	839	244	787	7	1,877	4,858	305
Worksop (Borough) ...	616	205	794	—	1,615	3,819	225
Newark (Borough)	463	183	1,401	9	2,056	2,030	206
East Retford (Borough) ..	402	165	505	—	1,072	1,938	208
Arnold	497	156	822	23	1,498	2,211	172
Beeston and Stapleford ...	1,179	281	2,260	185	3,905	5,050	275
Carlton	687	376	1,221	38	2,322	3,462	75
Eastwood	347	85	301	10	743	1,708	119
Hucknall	378	150	690	—	1,218	1,659	133
Kirkby-in-Ashfield	292	72	91	—	455	1,422	10
Mansfield Woodhouse ...	409	170	517	1	1,097	1,891	104
Sutton-in-Ashfield	729	243	827	14	1,813	4,244	128
Warsop	299	58	200	10	567	722	280
West Bridgford	455	237	896	104	1,692	2,189	186
TOTAL	7,592	2,625	11,312	401	21,930	37,203	2,426
Rural Districts—							
Basford	1,310	566	1,180	69	3,125	5,188	64
Bingham	481	148	624	172	1,425	1,711	214
East Retford	380	283	546	10	1,219	2,064	197
Newark	294	56	356	—	706	1,096	76
Southwell	993	427	1,094	25	2,539	4,553	293
Worksop	374	138	350	—	862	2,126	123
TOTAL . .	3,832	1,618	4,150	276	9,876	16,738	967
Whole County GRAND TOTAL ...	11,424	4,243	15,462	677	31,806	53,941	3,393

AMBULANCE SERVICE (Section 27)

Statistics

Station	Journeys undertaken	Patients carried	Total mileage
Nottingham Group :			
Arnold	2,048	9,783	46,412
Beeston	4,047	15,729	87,323
Carlton	3,820	14,832	81,843
Eastwood	1,858	8,613	59,833
Hucknall	3,228	11,662	89,438
*Kirkby-in-Ashfield	445	2,117	10,051
West Bridgford	4,060	14,770	118,990
Mansfield	8,152	32,985	206,296
†Sutton-in-Ashfield	895	4,546	22,417
Newark	4,574	12,020	120,246
Retford	4,216	13,446	126,802
Worksop	4,941	15,530	113,744
Totals	42,284	156,033	1,083,395
Totals for 1959	42,194	141,069	1,029,671

*Closed 24th July 1960.

†Opened 8th August 1960.

The increase of 14,964 patients carried as between 1959 and 1960 was the largest since the Service commenced, and trends in the various categories over the past six years have been as follows :—

Year	Accident	Emergency	Treatment	Infectious	Maternity	Other	Total
1955	2,464	4,308	118,841	1,323	2,037	216	129,189
1956	2,551	4,210	115,857	1,303	2,203	345	126,469
1957	2,940	4,847	118,989	1,093	1,428	753	130,050
1958	3,282	5,037	124,142	1,059	1,301	824	135,645
1959	3,571	5,229	129,391	619	1,314	945	141,069
1960	3,901	7,105	142,889	541	822	775	156,033

Correspondingly, mileage showed the most substantial increase since 1950 with an extra 53,724 miles over the year. The division between the two types of vehicles during the past six years has been as follows :—

Year	Ambulances		Dual-Purpose Vehicles		Total Mileage
	No.*	Mileage	No.*	Mileage	
1955	34	607,039	21	354,773	961,812
1956	34	544,899	21	420,170	965,069
1957	34	510,464	21	455,526	965,990
1958	26	534,751	29	459,384	994,135
1959	26	442,365	29	587,306	1,029,671
1960	30	446,436	31	636,959	1,083,395

*At 31st December each year.

Figures for 1960 include 4 ambulances and 2 dual-purpose vehicles operating as reserve vehicles.

These figures reflect the adjustments made in the fleet and in operational planning to cope in the most economical manner with the sitting-case patients who constitute the majority of the case-load.

The number of patients, for whom arrangements were made for their conveyance by train to out-county destinations, decreased from 111 in 1959 to 86 in 1960 but the mileage involved was approximately the same at 12,000. In the main, the hospitals with which the Service deals serve a localised area and the majority of cases for whom train journeys can be arranged emanate from an orthopaedic hospital and a convalescent hospital for diabetics.

Premises

This was quite an auspicious year, with the opening of three new Stations, at Newark, West Bridgford and Sutton-in-Ashfield. At the first two places the Stations replaced premises in the same districts but in the latter the location had been moved from Kirkby-in-Ashfield, an adjacent district, in order to be more centrally situated in a populous area and in closer proximity to a large hospital. With this change of location, the permanent pattern of the disposition of Stations throughout the County was achieved, and only if radical changes were to take place in the incidence of population would it appear necessary to consider any additional Station provision.

Only three of the existing Stations, housed in adapted buildings, remain to be replaced by purpose-built premises and it is anticipated that two of these will become available in 1961.

Vehicles

Four ambulances and four dual-purpose vehicles were purchased during the year but, rather than dispose of a corresponding number of vehicles, four ambulances and two dual-purpose vehicles were retained for reserve purposes, to supplement resources when necessary and to take the place of vehicles undergoing repair.

The vehicle establishment at the end of the year was as follows :—

Make and Horse Power		Year	Number
Operational Fleet			
(a) **Ambulances**			
Daimler	27	1956	2
Bedford	28	1950	1
Bedford	28	1951	3
Bedford	28	1952	6
Bedford	28	1953	1
Bedford	28	1957	9
Bedford	28	1959	4
Bedford	28	1960	4—30
(b) **Dual-purpose vehicles**			
Bedford	28	1958	1
Bedford	28	1959	2
Bedford	16	1954	6
Bedford	16	1955	5
Bedford	16	1956	5
Bedford	16	1958	7
Bedford	16	1959	1
Bedford	16	1960	4—31
Civil Defence Training Fleet			
Bedford Ambulances	28	1949	4
Morris Ambulance	25	1949	1
Austin Car	16	1949	1—6

In the operational fleet the average age of the ambulances at the end of the year was four years eight months, and of the dual-purpose vehicles, three years seven months. The average age of the training vehicles was eleven years three months.

By establishing a reserve operational fleet it has also been possible to separate for exclusive use on Civil Defence training the vehicles previously used partly for reserve purposes and partly for training, and this has proved to be a much more satisfactory basis in both aspects. It is hoped ultimately that each Station will have a purpose-built Civil Defence ambulance attached to it for training purposes.

Further experience of the use of large dual-purpose vehicles has shown that these can more usefully be employed in concentrated populous districts where a load of up to twelve patients can be collected relatively quickly without causing a prolonged journey for those collected first. In areas where a number of patients attend a specialised hospital at some distance the collection points tend to be more scattered, and longer and tedious journeys are involved for patients who might more suitably be dealt with in two smaller vehicles.

Staff

Designation	Establishment	Number employed at 31.12.60
County Ambulance Officer	1	1
Deputy County Ambulance Officer	1	1
Superintendents	4	4
Station Officers	7	7
Shift Leaders	38	38
Driver-Attendants	128	124
Driver-Mechanics	3	3
Clerical Staff	3	3
Control Assistants	14	14
	199	195

Having regard to the increased case-load at the majority of Stations, coupled with the grant of additional annual leave for long-service Driver-Attendants, and a reduction in their working week from 44 to 42 hours as from the 2nd January 1961, the staff establishment has been increased by twelve Driver-Attendant posts with effect from the 1st April 1961.

In the National Safe Driving Competition for 1959 the following awards were gained by personnel :—

11-14 year Oak Leaf Bars	8
10-year Medals	7
6-9 year Bars	31
5-year Medals	11
Diplomas	83

The total of 140 awards constituted the best results achieved since first entry into the Competition in 1949.

Civil Defence

Arising from Ministry of Health Circular 9/60, regarding the re-organisation of the Ambulance and First Aid Section of the Civil Defence Corps and planning for its integration in wartime with the peace-time Ambulance Services, the main feature of training both for Corps members and full-time personnel has been that responsibility for training arrangements in their normal Station area has been placed upon the Ambulance Station Superintendents and Officers, the majority of whom are Section Instructors and, in many cases, First Aid Instructors. These arrangements are co-ordinated from my Department and, during the 1960/61 winter training session, attendances for training considerably increased ; emphasis was placed upon first aid training, and many members had the opportunity of receiving driving instruction through a driving school.

It is interesting to reflect that the call for Civil Defence training has brought into being, so far as first aid work is concerned, a body comparable to the long-established voluntary organisations, and if the Civil Defence Corps is to remain as a permanent community Service even when, as is to be hoped, the prospect of war diminishes, there could be considerable scope for the use of this voluntary effort within the peace-time Ambulance Service.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

Tuberculosis

Deaths

During 1960, the number of deaths attributable to tuberculosis was twenty-six ; twenty-three from pulmonary tuberculosis and three from other forms of the disease. The pulmonary death rate per thousand of the population was 0.04 for the County compared with 0.07 for England and Wales, whilst the rate for all forms of the disease was 0.044 for the County compared with 0.075 for England and Wales.

Clinic Registers

According to information provided by the several Chest Clinics in the Council's area, the numbers of County cases on their Registers at 31st December, 1960 were as follows :—

	No. of cases on Register		
Chest Clinic	*Pulmonary*	*Non-pulmonary*	*Total*
East Retford	124	38	162
Worksop	196	27	223
Mansfield	764	66	830
Newark ...	270	30	300
Nottingham	1,348	170	1,518
Totals ...	2,702	331	3,033

These figures represent a reduction of approximately 4% in the total numbers of County cases on these Registers in the year.

They do not, of course, include County cases attending Out-County Chest Clinics.

New Cases and Mortality

The number of new cases notified during 1960, according to returns submitted by the Medical Officers of Health of the County Districts, and the number of deaths attributable to tuberculosis during the year, according to the Registrar-General's statistics, were as set out in the following table :—

Age Periods	New Cases*				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 yr.	—	—	—	—	—	—	—	—
1—14 yrs.	5	2	1	2	—	—	—	—
5—14 yrs.	8	5	—	3	—	—	—	—
15—44 yrs.	65	69	4	8	3	4	—	1
45—64 yrs.	42	12	5	6	3	5	1	—
65 yrs. & over	21	7	1	—	5	3	1	—
Totals	141	95	11	19	11	12	2	1

*Excluding Inward Transfers.

Incidence—Pulmonary Tuberculosis

The following table shows the incidence of Pulmonary Tuberculosis in the County over the past five years :—

Year	No. of New Cases included in the Annual Return to the Ministry of Health			Rate per 1,000 of population
	Formally notified	Not notified before death	Total	
1956	344	13	357	0.64
1957	367	5	372	0.66
1958	296	9	305	0.53
1959	264	6	270	0.47
1960	224	12	236	0.40

Cases not notified before Death

The numbers of cases not notified before death in each of the past five years, and the sources from which the information was obtained, were as follows :—

Year	Source of Information						Totals	
	Death Returns from Local Registrars		Death Returns from Registrar-General		Posthumous notifications			
	Pul.	Other	Pul.	Other	Pul.	Other	Pul.	Other
1956	8	2	4	2	1	—	13	4
1957	2	2	2	—	1	—	5	2
1958	2	—	2	—	5	—	9	—
1959	3	1	3	—	—	1	6	2
1960	10	2	1	1	1	—	12	3

In each case the facts were at once communicated to the District Medical Officer of Health who was asked to confirm that the case had not been notified to him during life as suffering from tuberculosis. The County Council's Tuberculosis Health Visitors were also notified and visited the homes for the purpose of taking environmental reports and urging contacts to attend for examination at the nearest Chest Clinic.

Details of each case, with a copy of the environmental report, were also forwarded to the appropriate Chest Physician.

Examination and B.C.G. Vaccination of Contacts

According to information provided from the Nottingham, Mansfield, Newark, Worksop and Retford Chest Clinics, the numbers of family contacts of new County cases examined and given B.C.G. vaccination by the Chest Physicians during 1960 were as follows :—

1960	Men	Women	Children	Total
No. of new cases notified ...	132	108	26	266
No. of new contacts examined (including those examined by X-ray only)	266	387	873	1,526
No. found tuberculous . .	9	7	13	29
No. tuberculin tested .	107	228	795	1,130
No. found negative	12	29	403	444
No. vaccinated with B.C.G.	16	38	620	674
Total attendances by contacts at Chest Clinics during the year	663	1,026	3,387	5,076

Work of the Tuberculosis/Health Visitors

The number of domiciliary visits by the Council's Tuberculosis/Health Visitors during 1960 was 11,661 compared with 11,362 during 1959, and their attendances at Chest Clinic sessions totalled 948 in 1960 compared with 1,082 in the previous year.

Shelters

Two more shelters were disposed of as beyond economic repair during 1960.

The disposal at the end of the year of the three remaining portable wooden shelters maintained by the County Council for loan, free of charge, to persons suffering from tuberculosis was as follows :—

No. on loan to patients	1	
No. in use at Sherwood Village Settlement	1	
No. in store at Sherwood Village Settlement	1	
	—	3

Protection of Children against Tuberculosis

Under the arrangements for the annual X-ray examination of the staff of County Council establishments who are working in close contact with groups of children, one hundred and sixty-two persons in employment at Day Nurseries or at Children's Homes were examined by mass radiography during 1960.

In addition, four hundred and eight persons taking up employment of this nature with the County Council had a chest X-ray examination during the year ; two hundred and fourteen by miniature radiography and one hundred and ninety-four by large films for which the County Council paid the agreed fee to hospitals and Chest Physicians.

B.C.G. Vaccination of School Children and Students

The organisation and conduct of this work is undertaken locally by District Medical Officers of Health, acting on agreed terms as agents for the County Council. Where necessary, assistance is given by the County Council's medical and nursing staffs with experience in this work.

The following figures indicate the work undertaken under the County Council's arrangements during 1960 :—

	School Children	*Students*	*Total*
No. skin tested	11,007	79	11,086
No. found positive	1,993	28	2,021
No. found negative	8,665	49	8,714
No. vaccinated	8,617	49	8,666

The increase in the numbers skin tested and vaccinated compared with the previous year was due to a concerted effort being made by all District Medical Officers of Health in the Autumn of 1960 to increase the percentage of B.C.G. vaccinated school leavers following their previous pre-occupation with the poliomyelitis vaccination campaign.

Case Finding Surveys

According to information kindly provided by the Nottingham No. 2, Lincolnshire and South Yorkshire Mass Radiography Units, surveys were carried out at thirty centres in the County Council's area at which 31,763 persons were examined by mass radiography during 1960.

Altogether, one hundred and thirty-eight persons were referred to the Chest Physicians for further investigation. Fifteen cases of active pulmonary tuberculosis and fifty-four cases of inactive pulmonary tuberculosis were discovered.

In addition, a large number of County residents attended the Nottingham No. 1 Mass Radiography Unit in the City of Nottingham but precise figures are not available as no separate records of County and City residents are kept at this Centre.

Nottingham and Notts. Association for the Prevention of Tuberculosis

The following figures indicate the work undertaken by this Association during 1960 under agency arrangements with the County Council :—

No. of new cases referred	130
No. of cases considered for assistance	657

NOTTINGHAM AREA

No. of new cases	81
No. of cases considered for assistance	303

Analysis of Assistance

Referred to National Assistance Board for monetary grants	29
Bedding loaned	3
Bedding provided by National Assistance Board	2
Bed and bedding loaned	2
Clothing provided	5
Clothing provided by National Assistance Board	3
Nursing requisites loaned	6
Milk permits issued	242
Fares for B.C.G. examination	6
Applications for work and training for work	24
Applications for assistance re housing	6
Applications for assistance re care of children	1
Applications for assistance re Home Help	2
Occupational Therapy materials issued	6
Spero holidays	3
Other forms of help	16
Assistance from Voluntary Funds	133
Investigated but no help necessary	27
No. of visits paid to homes	65
No. of interviews	186

MANSFIELD AREA

No. of new cases	14
No. of cases considered for assistance	135
Analysis of Assistance	
Bedding loaned	2
Milk permits issued	124

NEWARK AND SOUTHWELL AREA

No. of new cases	16
No. of cases considered for assistance	95
Analysis of Assistance	
Bedding loaned	3
Milk permits issued	83
Nursing Equipment loaned	5

WORKSOP AND RETFORD AREA

No. of new cases	19
No. of cases considered for assistance	124
Analysis of Assistance	
Bedding loaned	3
Clothing provided	1
Milk permits issued	115
Nursing equipment loaned	1
Spero holiday	1

The Council's Almoners act for the Association at the Worksop, Retford, Mansfield and Newark Chest Clinics and the following figures give some indication of the work undertaken by them for tuberculous persons during the year :—

Chest Clinic or source	*No. of sessions attended*	*No. of new cases referred*	*No. of case interviews*
Mansfield	147	107	370
Newark	48	41	116
Worksop	89	36	142
Retford	35	17	92
Hospitals	47	95	495
Other sources	—	3	—
	366	299	1,215

No. of home visits	239
No. of attendances at Care Committee meetings	18

Sherwood Village Settlement

Particulars of admissions to and discharges from the Sherwood Village Settlement during 1960 are set out in the following Table :—

1960	Trainees			Settlers			Total		
	N.	OA.	Total	N.	OA.	Total	N.	OA.	Total
Strength 1.1.60	2	6	8	18	20	38	20	26	46
Admissions during the year	3	4	7	—	—	—	3	4	7
	5	10	15	18	20	38	23	30	53
Trainees accepted as settlers during the year	1	5	6	1	5	6	—	—	—
	4	5	9	19	25	44	23	30	53
Discharges during the year—									
(*a*) on recovery	—	—	—	2	3	5	2	3	5
(*b*) unsuitable for training	—	1	1	—	—	—	—	1	1
(*c*) for domestic reasons	—	1	1	—	—	—	—	1	1
(*d*) injury off-duty	1	—	1	—	—	—	1	—	1
	1	2	3	2	3	5	3	5	8
Strength 31.12.60 ...	3	3	6	17	22	39	20	25	45

N—Nottinghamshire cases OA—Other Authorities' cases

With the exception of three Nottinghamshire cases those admitted during the year came, on agreed terms, from the Bradford, Rotherham and Sheffield County Boroughs and from the West Riding of Yorkshire County Council, and the following statement shows the numbers of Settlers and Trainees from Outside Authorities remaining in the Village Settlement at the end of the year :—

Local Health Authority	*Ministry of Labour Trainees*	*Settlers*	*Total*
Bradford C.B.C.	1	—	1
Doncaster C.B.C.	—	4	4
Grimsby C.B.C.	—	2	2
Nottingham C.B.C.	—	2	2
Sheffield C.B.C.	1	—	1
Derbyshire C.C.	—	2	2
Leicestershire C.C.	—	4	4
Lincs. (Kesteven) C.C.	—	2	2
W.R. Yorks C.C.	1	6	7
Totals	3	22	25

Dr. D. Davies, Consultant Chest Physician, who, by arrangement with the Sheffield Regional Hospital Board, also acts as Medical Superintendent of the Sherwood Village Settlement, has provided the following report and comment upon the medical aspects of the year's work :—

"Seven trainees were admitted to the Village Settlement during the year, three from Nottinghamshire and four from other local authority areas. Two remained only a short while, one leaving for domestic reasons and the other was discharged because he proved mentally unsuitable for training. Five settlers left because they had recovered sufficiently to enter outside industry and I believe they will all do well. One lived in a settlement house. This was still vacant at the end of the year but has since been occupied by a new trainee and his family.

One settler had a relapse of his disease requiring hospital treatment. He was still an in-patient at the end of the year but making good progress.

The extension of the hostel came into use during the year. The sitting room and the quiet room are excellent and form very welcome additions.

Whilst other settlements are closing the doors to infectious patients, they are still welcomed at Sherwood. This may result in applications for admission from outside the Sheffield Regional Board's area and South Yorkshire. It may indeed be necessary to invite applications from a wider area to keep up a high occupancy, for local applications are falling off a little and a greater number of settlers are being returned to open industry."

Visitors to the Village Settlement during the year included Dr. Balabanovic and Miss Eda Vida from Yugoslavia, a party of East African local government officers, Mr. J. L. Edwards of the Ministry of Labour, members of the Bedfordshire County Council, and the Mansfield Disablement Advisory Committee.

The extension of the Men's Hostel commenced during 1960 was completed early in 1961 and brought into use at the beginning of April. During the year, a ground floor flat at the Hostel, previously used by a resident Domestic Assistant, was equipped and taken over for use as a Surgery and other developments at the Hostel included :—

(1) Laying concrete ditch troughs around the bowling green and paving the bank fronting this green with natural stone.

(2) The conversion and erection of two obsolete shelters for use as a garden shed on a site near the bowling green and

(3) The purchase of a cyclone rotor scythe.

For the ninth consecutive year, the activities of Sherwood Industries were primarily concentrated upon the manufacture of school furniture for the Nottinghamshire Education Committee and it is most pleasing to report that school desks produced by Sherwood Industries during the year to B.S.I. standard and used to furnish a prefabricated school building exhibited at the Milan Triennale Exhibition were awarded a Silver Medal. Some sectional buildings were also manufactured to meet orders from local authorities and, in addition, the Industries were occupied during 1960 on some quantity whitewood production for the Ministry of Works.

The erection of a new Assembly Shop approved by the Ministry of Labour in 1959 was commenced early in 1960 and completed in July. Thereafter, contracts were entered into for the conversion of the former main workshop to a machine shop, including the installation of one new machine (a disc and bobbin sander) and the replacement of three obsolete machines, repositioning existing machinery, and the provision and installation of a new dust extract plant. This work was well advanced at the end of the year. At the same time, a sectional wooden building, formerly used as a Components Store, was taken over for use as an Ironmongery Store and re-sited to achieve the centralisation of all Stores.

The modification of the Settlers wages structure referred to in my previous Report was accepted by all Settlers and brought into effect as from 24th April, 1960 and other slight amendments of the Settlers conditions of service affecting holiday pay and pay in lieu of holidays on leaving the service were approved by the County Council during the year. Copies of the revised terms and conditions of appointment of Trainees and Settlers, as agreed with the Ministry of Labour, were issued to all concerned.

A five-day 42-hour maximum working week was introduced for all of Sherwood Industries employees at the end of April, 1960 and, in addition, the wages of all Settlers and of the appropriate staff were twice adjusted during the year in accordance with pay awards by the National Joint Council for the Furniture Manufacturing Trade. The rates of pay of three Senior Charge Hands were also increased by an additional plus rate of 2d. per hour with effect from 7th March, 1960.

There were two vacancies—one in the Hostel and one in the three-bedroomed house—at the end of the year.

The first seven Settlers commenced duty in the original Workshop (one-half of the present Machine Shop) in December, 1937 and after twenty-three years of endeavour in this particular field of prevention it is, perhaps, not inappropriate to review the history of the Settlement and to record some of the real achievements, immeasurable in terms of money, creditable to the first single Local Authority to embark on such a project.

Courage and a pioneering spirit were displayed in the conception of this Scheme and were needed in full measure to enable the Settlement to survive the immediate trials and tribulations of six long years of war-time restrictions and controls which, at times, all but deprived the Settlement Industry of its means to continue production in the selected trade. Successive crises were, however, met and overcome and by the end of 1945 the number of Settlers had increased fourfold ; residential accommodation had been provided for twenty-two Settlers in a modern Hostel and six in semi-detached houses, and with assistance and guidance from commercial experts and the Board of Trade the Industries had flourished, and indeed shewn a profit on their Trading Account, through the manufacture by special licence of non-utility Infant Cots.

Unsuspected at that time, however, the next decade was to prove even more hazardous. After the War, Sherwood Industries soon found themselves forced out of the cot market due to increases in Purchase Tax and the competition arising from the commercial manufacturer returning to this trade from war-time production. Whilst the County Council had always accepted that work and output should be wholly subservient to medical fitness and that such an undertaking could not be expected to be a *commercial* success, the need to keep costs within reasonable limits if the Settlement was to survive soon became apparent.

Convinced of its value to the unfortunate sufferer from tuberculosis and to the community, this new threat evoked vigorous action by the County Council in its defence.

Reverting for a while to sectional buildings as the sole line of production, plans were made to develop the Industries for Cabinet-Making. At the same time, consultation took place with all other local health authorities in the Sheffield Region for the development of the Sherwood Village Settlement on Regional lines and, when the Ministry of Health were unable to approve a proposal by these Authorities to form a Joint Board for this purpose, the County Council undertook to accept suitable cases from other areas on agreed terms. Six additional houses were then erected for married Settlers and on the advice of a Business Consultant, whose analysis of the trading situation confirmed the Council's decision to develop Cabinet-Making as their main line of production, the first General Manager was appointed in 1951. In the following year the first contract was obtained for the supply of school furniture to the Nottinghamshire Education Committee and steps were at once taken to

consolidate this position. A Workshop was extended, new machines were installed, a new Warehouse, Timber Stores, and garages were erected, the Spray Booth was adapted for cellulose spraying, and a motor lorry was purchased, to be replaced at a later date by a furniture van. Products of Sherwood Industries were exhibited for the first time at the N.A.P.T. Conference and Exhibition in London in 1955 and attracted considerable attention.

In the Village, accommodation was provided for additional Settlers by the erection of sectional wooden shelters in the Hostel grounds and by the use as a Hostel annexe of a four-bedroom house for which no demand had been made by a married Settler.

By the end of 1955, the County Council's policy had been firmly established and the Ministry of Labour had recognised the Sherwood Village Settlement as an approved training centre under the provision of the Disabled Persons (Employment) Acts. Conscious of the efforts of the County Council on behalf of the tuberculous, the Nottinghamshire Miners Welfare Committee had also contributed generously towards the cost of providing a bowling green in the Village for the Settlers, and land not required for immediate development at the Settlement had been leased for cultivation to a neighbouring farmer.

With the co-operation of the Ministry of Labour, plans were then made for the further development of the Industries so that they might compete on more equal terms with commercial enterprise in this field and produce the best possible furniture for use in the Nottinghamshire schools. These plans, including the building of a new Spray Booth, a separate Assembly Shop, the installation of new machines, a new dust extract plant and incinerator, a kiln drier, extended Office accommodation and the layout of the grounds around the Workshops, were almost completed by the end of 1960, by which time the products of the Industries had again been exhibited at a N.A.P.T. Conference and Exhibition in London and were attracting many overseas and other visitors to the Village Settlement.

These achievements are the more meritorious as the Sherwood Village Settlement has remained open throughout to cases of active tuberculous disease and the majority of those admitted had been of this type, whose physical output had to be carefully controlled at all times under specialist medical supervision.

The end products of the Village Settlement are not, however, to be measured primarily in terms of commercial output but rather in terms of human health and happiness. It is most gratifying, therefore, after twenty-three years to be able to record that a total of one hundred and seventy-six persons had benefitted directly under this Scheme in that time, of whom forty-five remained at the end of 1960 (average stay 6 years 3 months) and one hundred and thirty-one had been discharged, of whom almost 16% had so far recovered as to be able to return to normal employment. Only fifteen persons died at the Village Settlement —all before 1956 and after an average stay of 3 years 6 months each. No child born in the Settlement has ever been recorded as having become infected with tuberculosis.

The overall cost of this service in the past five years, after deduction of Government Grants, has amounted to approximately £185 per Settler/Trainee per annum (equivalent to the present product of $\frac{1}{3}$d. rate in this County) of which almost two-thirds has been attributable to the cost of trading activities.

Who would say that this is too high a price to pay for lives which have been saved, or prolonged; for infection prevented; or for self-respect restored to individuals who might otherwise have been unemployable? And what, one wonders, may have been the cost of the treatment of these persons which would have been necessary under different circumstances, and of those persons whom they would almost certainly have infected under a less suitable environment? The value to the Authority of the present facility of purchasing high class school furniture of their own design from their own workshops at current market prices—an arrangement of considerable value to the development of the Village Settlement—is another of the intangible assets to be offset against the cost of the Village Settlement provisions.

Remaining, then, to the invested credit of the Authority and available for further service of this kind are the Hostel, houses and workshops, together with more than fifty acres of land for immediate development, representing up to 31st March, 1960 a capital expenditure totalling almost £69,000.

Though reserved up to the present for the tuberculous, the planning of the Workshops and of the Industries now opens up the possibility of the employment of other types of disabled should the decline in the incidence of tuberculosis, as a disabling disease, follow the trend evinced in the past few years.

Other Forms of Illness

Loan of Nursing Equipment and Appliances

The County Council continued during the year to lend the larger items of home nursing equipment, free of charge, direct from the Health Department subject to certification of need in each case by a medical or nursing attendant.

Under these arrangements seven hundred and thirty-six cases were assisted in 1960 (six hundred and thirty-eight in 1959) of whom five hundred and twelve patients were referred by general medical practitioners, one hundred and forty-five by District Nurses, fifty-seven by Hospital Officers, and twenty-two from other sources.

The following Table indicates the work undertaken under this Scheme during the year :—

Article	1.1.60		Purchases during year	Written off during year	Loans during year	Returns during year	31.12.60	
	On loan	In store					On loan	In store
Alternating Pressure Point Pad	1	—	—	—	—	—	1	—
Back Rests	40	34	—	—	103	91	52	22
Bed Blocks (prs.)	4	23	4	2	15	7	12	17
Bed Cradles	36	12	4	—	53	41	48	4
Bedpans Rubber	9	4	10	2	29	23	15	6
Bedsteads— Single	60	1	20	—	61	44	77	4
Postural drainage	1	—	—	—	—	1	—	1
Bed Tables— Adjustable	1	—	—	—	—	—	1	—
Folding	5	55	—	—	14	12	7	53
Overbed	1	—	—	—	1	2	—	1
Chair, Relaxation	1	—	1	—	1	—	2	—
Commodes— Chair type	135	—	36	—	164	129	170	1
Stool type	46	2	—	—	43	41	48	—
Cot, adult	4	1	—	—	13	15	2	3
Crutches (prs.)	9	31	1	—	15	16	8	33
Cushion, inflatable toilet	1	1	3	—	3	1	3	2
Latex foam cushions	19	4	32	4	39	25	33	18
do. mattresses	118	17	3	1	156	142	132	5
do. pad	1	—	—	—	—	—	1	—
do. pillows	4	3	15	—	24	14	14	8
Fracture boards	111	8	20	—	128	111	128	11
Spring interior Mattresses	—	—	1	—	1	—	1	—
Sectional Mattresses	1	—	—	—	—	—	1	—
Self-lifting poles— Bed fitting type	49	—	13	—	26	19	56	6
Portable	—	—	4	—	5	1	4	—
Spinal Carriages— Adult models	1	6	—	—	1	1	1	6
Juvenile models	2	—	1	—	1	—	3	—
Walking aids	28	12	10	1	43	28	43	6
Walking Sticks	8	2	1	1	3	1	10	—
Wheel Chairs— Stairway	11	3	3	1	22	23	10	6
Merlin	9	12	—	—	29	27	11	10
Folding—adults	108	28	6	4	125	125	108	30
do. juveniles	14	2	2	—	19	23	10	8
Transit	—	—	2	—	2	—	2	—
Totals	838	261	192	16	1,139	963	1,014	261

The Council's Health Visitors were notified and provided reports at quarterly intervals on each case assisted under this Scheme.

In addition, by arrangement with the Nottinghamshire Nursing Federation, the smaller and more frequently needed items of home nursing equipment continued to be lent direct to patients, free of charge, by District Nurses and District Nurse/Midwives from stocks held by them to an approved standard scale.

Stocks of these articles are also maintained in the Health Department for the purpose of replacing broken or worn-out equipment, or for issue direct to patients having a long-term need.

The following Table indicates the provision made under these arrangements during 1960 :—

Article	Scale per Nurse	1.1.60 In store	Purchases during year	Written off during year	Issues during year	Returns during year	31.12.60 in store
Air rings	4	19	48	—	63	2	6
Bedpans	3	15	6	—	14	—	7
Douche outfits	—	7	—	—	—	—	7
Feeding cups	2	17	24	—	25	—	16
Sputum mugs	†	8	—	—	—	—	8
Steam kettles	*	8	—	—	—	—	8
Waterproof sheets—							
6-ft. x 3-ft.	†	—	9	—	5	1	5
4-ft. x 3-ft.	4	8	66	—	67	6	13
Urinals	3	18	12	—	30	3	3
Totals	16	100	165	—	204	12	73

† Available on special request. * One per District.

Convalescence

Under the County Council's arrangements for providing convalescence of the " holiday home " type for suitable cases referred by general medical practitioners, sixty-one cases were assisted in 1960 compared with ninety-one cases in 1959.

Of these, seven undertook to pay the full cost involved. After an assessment of their financial circumstances, thirteen others were required to make varying contributions, and the remaining forty-one cases were granted free convalescence in accordance with the County Council's approved scale.

Fifty-five cases were accommodated at seaside Convalescent Homes, and six proceeded to Convalescent Homes in Derbyshire. The following Table summarises the cases dealt with under these arrangements during the year, classified according to medical need, age, sex, and duration of convalescence authorised :—

Certified Medical Need	Age and Sex Distribution																		Authorised Stay			
	15—24 yrs.			25—34 yrs.			35—44 yrs.			45—64 yrs.			65 yrs. and over			Total			2 wks.	3 wks.	4 wks.	Total
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
Arthritis and Fibrositis	—	—	—	—	—	—	—	—	—	1	—	1	1	5	6	2	5	7	6	1	—	7
Bronchitis, Pneumonia and other respiratory conditions ...	—	—	—	1	—	1	—	—	—	3	4	7	3	3	6	7	7	14	12	2	—	14
Circulatory conditions	—	—	—	—	—	—	—	—	—	1	1	2	1	5	6	2	6	8	8	—	—	8
General debility and anaemia ...	—	—	—	—	2	2	—	3	3	—	2	2	—	2	2	—	9	9	8	1	—	9
Nervous disorders ..	—	—	—	—	1	1	—	—	—	3	7	10	—	1	1	3	9	12	8	3	1	12
Post-operative conditions	—	—	—	—	—	—	—	—	—	1	3	4	1	2	3	2	5	7	6	1	—	7
Other conditions	—	1	1	—	—	—	—	1	1	1	—	1	1	—	1	2	2	4	3	1	—	4
Totals . ..	—	1	1	1	3	4	—	4	4	10	17	27	7	18	25	18	43	61	51	9	1	61

M—Males. F—Females. T—Total.

Chiropody Services

In January, 1960, the Minister of Health approved a Proposal by the County Council under Section 28 of the National Health Service Act as referred to in my previous Report. After discussions with the Voluntary Bodies concerned, arrangements were made whereby as from 1st April, 1960, the County Council undertook to assist Old People's Welfare Committees in the urban areas to continue and develop their existing chiropody services for the elderly by financial help to the extent of 75% of their net costs, subject only to my being satisfied that the required service was being rendered and to review after six months' experience of these arrangements.

At the same time, the County Council undertook to give grant-in-aid to the Nottinghamshire Old People's Welfare Committee in support of their continuation and development of a similar service in the rural areas, primarily through the operation of a Mobile Unit, and to the Nottingham General Dispensary in respect of the treatment of old age pensioners from County districts at their Clinic in the City of Nottingham.

District Welfare Officers and general medical practitioners throughout the County, as well as all members of the County Council's own medical and nursing staffs, were then advised of these arrangements, and of the arrangements for obtaining chiropody treatment through the Health Department for the physically handicapped and for expectant mothers on referral by a doctor or other suitably qualified person on payment of a standard fee of 2/6d. (which could be waived in necessitous cases).

At a Conference in Nottingham in October, 1960, representatives of the Old People's Welfare Committees generally agreed that the above-mentioned arrangements were working quite satisfactorily. One District Old People's Welfare Committee felt unable, however, to continue beyond the end of the financial year unless the County Council would undertake to meet the full cost involved as they considered it unlikely that they would be able to raise 25% of the increasing net cost by voluntary effort, particularly in view of the expansion of the service and increases in the Chiropodists' fees. When another District Old People's Welfare Committee subsequently decided, for the same reasons, that they would be unable to continue providing this service for old age pensioners without additional financial help, it was decided that the County Council would meet the full net cost of treatment, i.e. Chiropodists' fees and expenses, less patients' contributions, with effect from 1st April, 1961.

During 1960, the Nottinghamshire Old People's Welfare Committee expanded their service by arranging chiropody sessions in nine extra villages (i.e. at Bilsthorpe, Coddington, Cotgrave, Gringley-on-the-Hill, Kinoulton, Misterton, Southwell, Sutton-on-Trent and Thrumpton) and by arranging additional sessions to meet an increased demand in four villages (i.e. at Collingham, Ollerton, Radcliffe-on-Trent and Ruddington). By arrangement with the County Council, the Old People's Welfare Committee also arranged chiropody sessions for the elderly in two of the County Council's Clinic premises (i.e. at Harworth and at Tuxford) and further development of the service in the rural areas on these lines was being planned at the end of the year.

As will be seen from the following figures indicating the general development of the Chiropody Services from 1st April, 1960, there was very little demand for chiropody treatment for handicapped persons in 1960, and, not surprisingly, none at all for expectant mothers :—

Quarter ended	Number of treatments undertaken											
	at sessions			at Chiropodists' surgeries			at home			Total		
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)
30.6.1960	1,049	—	1,049	3,603	—	3,603	450	—	450	5,102	—	5,102
30.9.1960	1,075	—	1,075	4,063	—	4,063	502	1	503	5,640	1	5,641
31.12.1960	958	—	958	5,319	—	5,319	705	6	711	6,982	6	6,988
Totals	3,082	—	3,082	12,985	—	12,985	1,657	7	1,664	17,724	7	17,731

(a) The Elderly (b) Handicapped Persons (c) Total

At the end of the year, over 3,800 old age pensioners, and three handicapped persons, were being assisted under this Scheme.

Almoner Service

Efforts made throughout 1960 to fill the two vacancies on the County Council's establishment of four whole-time Almoners referred to in my previous Report were unsuccessful so that this service continued, of necessity, to be confined to essential domiciliary visits, sessional attendances at the Chest Clinics and visits on request to three hospitals in the County where no Almoners are employed to deal with urgent problems. To relieve the two County Almoners for these duties, Health Visitors continued throughout the year on request by the Hospital Authorities to undertake the social investigation of geriatric cases either awaiting admission to or discharge from Hospital.

Full co-operation was, however, maintained at all times with the Almoners employed by the several Hospital Management Committees in the area.

The County Almoners made six sessional attendances at hospitals in the County at which they conducted seventy-five case interviews, and the following figures give some indication of the extent of their work for cases other than those suffering from tuberculosis and venereal diseases which are dealt with separately in this Report :—

Category	No. of new cases referred	No. of home visits undertaken
Hospital after-care	87	586
General care and after-care	288	293
Social investigation of Geriatric cases	265	10
Convalescence cases	108	192
Totals	748	1,081

In all cases, advice or assistance was given by the County Almoners on the usual variety of medico-social problems, particularly with reference to financial or domestic aid and rehabilitation.

Venereal Diseases

Treatment of County Cases at All Centres

The numbers of cases resident in the County dealt with for the first time during each of the past five years according to returns from the Nottingham, Mansfield, Worksop and Out-County Treatment Centres were as follows :—

Year	No. of cases dealt with for the first time			
	Syphilis	Gonorrhoea	Other conditions	Total
1956	35	45	442	522
1957	20	109	428	557
1958	30	124	401	555
1959	18	177	429	624
1960	27	131	504	662

No contacts or defaulters were referred to the County Almoners during the year and only one follow-up visit to a contact who had been referred for the first time in a previous year was made during 1960.

Health Education

The Health Education Service has again been unfortunate this year in that no suitable candidate appeared to fill the vacancy for a Second Assistant Health Education Officer, until the end of the year. Apart from the beginning of 1959 when Miss Mingay held the appointment, the service has been working without one third of its whole-time staff for almost two and a half years.

This long period of understaffing has had a very damaging effect upon the work as a whole which, it is hoped, may now be repaired, albeit very slowly, with the advent of a new assistant, Miss Margaret McKay, B.Sc., who was appointed to commence duties in December, 1960. Miss McKay holds a London University degree in Household and Social Science and has had teaching experience.

Perhaps the most notable feature of the year's work was the extensive programme carried out during several months in a Worksop school at the request of the Headmaster. Talks on " Growing Up " and on Posture and Care of Feet and Teeth were given to every class throughout the school. In addition the girls of each group were given special talks by the School Nurse on " Good Grooming " and " Menstruation Hygiene."

The Health Education Officers were responsible for most of the talks except those on dental care, which were given by the County Dental Officer. These talks and some in other schools provided the opportunity to discuss with the youngsters the dangers of smoking. By adopting this indirect approach it is felt that less resistance is produced. During discussions on the importance of good breathing and other factors in securing healthy tissues in the adolescent growth phase advice against smoking was elicited from the youngsters themselves. Reinforcement of this attitude at intervals may well achieve a good deal more success than a direct attack upon smoking as a cause of lung cancer.

By comparison six talks directly on smoking and cancer of lung were given in another school and in three classes of girls in the County Folk College at Mansfield.

It will be of interest in the near future to observe results in these differing groups.

Meanwhile, the whole subject of cancer is quietly but steadily appearing in many different talks and discussions, thereby keeping the matter in proper perspective.

In this matter of perspective, one is reminded of the recent dismay with which one noted the ' shock tactics ' of a certain group who have publicised—almost threateningly !—the large number of latent and potential or pre-diabetics in the population. Having been bludgeoned over cancer, coronary thrombosis and poliomyelitis, the unfortunate citizen reels back to face another terrifying threat to his peace of mind. All this and the Hydrogen Bomb too !

It is perhaps not surprising that the neurosis clinics are prospering and that Mr. and Mrs. Everyman continue to spend excessively on alcohol and tobacco in order to submerge the feelings of insecurity—so common a feature of our modern society.

In short, the Health Educationist must seek to redress the balance, for people need to be taught to live tranquilly for some part of their lives and it is perhaps by keeping pathological knowledge in proper perspective with psychological outlook that peace of mind may be enjoyed.

The work of the year has again covered a wide range, and examination of the subject groupings below will show that, excluding technical talks to professional and other special audiences, some 82% of talks to the general public have been principally concerned with " Positive Aspects of Health and its Maintenance and Improvement " ; approximately 15% with " Prevention of Disease and Accidents " ; and 2.5% with Information about the Health Services.

Subject groupings percentages are approximately as follows :—

	%
Health Education (Aims and Methods)	2.5
Maternity and Child Welfare	16.2
Health of the Child and Adolescent	19.5
Sex Education	18.0
Mental Health	14.5
General Health Topics	12.0
Prevention of Disease	6.7
Accident Prevention	8.1
Health Services Information	2.5

The following tables show an analysis of the work carried out during 1960 :—

TABLE I.

Meetings

Total No. of all meetings	502
Total No. of ordinary meetings	201
Total No. of talks at ordinary meetings	208
Total No. of Relaxation class meetings	301
Total No. of Film Shows	3
Total No. of Talks illustrated by films	28
Total No. of Displays in Clinics	12

TABLE 2.

Distribution of Meetings

AREA	NO. OF MEETINGS	PERSONS ADDRESSED	ATTENDANCES
URBAN DISTRICTS—			
Mansfield (Borough)	18	557	771
Newark (Borough)	3	102	102
East Retford (Borough)	2	56	56
Worksop (Borough)	49	767	1,681
Arnold	3	60	162
Beeston and Stapleford	11	250	280
Carlton	9	100	164
Eastwood	1	50	50
Hucknall	4	70	88
Kirkby-in-Ashfield	2	24	24
Mansfield Woodhouse	2	55	55
Sutton-in-Ashfield	3	38	102
Warsop	2	25	25
West Bridgford	4	107	107
RURAL DISTRICTS—			
Basford	6	157	157
Bingham	2	104	104
Newark	4	75	94
East Retford	1	19	19
Southwell	5	151	151
Worksop	2	28	28
WHOLE COUNTY ORGANISATIONS	51	331	1,138
COUNTY HEALTH DEPARTMENT STAFF	6	28	51
OTHER SPECIAL AUDIENCES	11	28	118
ANTE-NATAL RELAXATION SESSIONS	301	673	2,227

TABLE 3.

Audiences at Meetings

AUDIENCES	PERSONS ADDRESSED	ATTENDANCES
Women	2,285	4,287
Men	310	314
Total	2,595	4,601
Girls	795	1,687
Boys	465	1,466
Total	1,260	3,153
Females	3,080	5,974
Males	775	1,780
Total	3,855	7,754

In the above table, attendances at exhibitions are not included, since it is not possible to assess these in most instances.

TABLE 4.

Talks

Talks to audiences of women	74
Talks to audiences of men	2
Talks to audiences of mixed adults	20
Talks to audiences of girls	52
Talks to audiences of boys	19
Talks to audiences of mixed youth	40
Talks to audiences of mixed adults and youth	1
Talks to groups of expectant mothers	301
	509

TABLE 5

Summary of Lecturers

LECTURER	No. of Meetings	Persons Addressed	Attend-ances
COUNTY HEALTH DEPARTMENT—			
Mr. A. H. Marrow, Health Education Officer	298	2,365	4,163
Mr. N. S. Wass, Assistant Health Education Officer	154	1,345	2,044
Mr. D. E. Mason, County Dental Officer	2	328	328
Dr. K. Haigh, Assistant County Medical Officer	1	21	21
Miss M. Cottee, Home Help Service Organiser	3	55	55
Miss M. Collins, Supervisor of Midwives	6	13	78
Mrs. F. Andrews, Health Visitor	3	41	60
Mrs. B. Cunningham, Health Visitor	4	4	16
Mrs. M. Hanes, School Nurse	13	166	284
Mrs. D. Linskey, Health Visitor	1	12	12
Miss O. Senior, Health Visitor	1	50	50
Miss P. Emy, County Almoner	3	123	123
Mr. R. J. McLean, District Welfare Officer	1	15	15
HONORARY LECTURERS—			
Mrs. A. E. Marrow, Consultant Gynaecological Surgeon	2	53	53
Dr. T. A. Ratcliffe, Consultant Psychiatrist	1	30	30
PART-TIME LECTURERS—			
Dr. I. Powell-Heath, Medical Lecturer	6	216	216
Mrs. A. Hardman-Lawson, Physiotherapist	7	183	183

TABLE 6

Talks Subject

Health Education (Aims and Methods)	*No. of Talks*
Health Education in the Home	3
Promotion of Personal Health	5
Responsibility for Health	2
Parents' Responsibility for the Child's Health	2
	12

Maternity and Child Welfare	*No. of Talks*
Preparation for Confinement	1
Physical Health of the Expectant Mother	22
Nutrition in Pregnancy	15
Care of the Infant	15
Baby Feeding	8
Problems of Sleep in the Infant	9
Habit Training	6
Normal Growth of the Toddler	1
	77

Health of the Child and Adolescent	
Care of Teeth in the Young Child	18
Care of Children's Feet	17
Problems of Children's Sleep	6
Growth Changes in the Child	5
Posture in Childhood	8
Growth Problems of Adolescence	4
Problems of the Adolescent Employee	1
Care of Children's Eyes	11
The Handicapped Child	1
Care of Hair and Skin (for School children)	7
Growing Up (for School children)	16
	94

Sex Education	
Sex Education in the Family	14
Physiology of Pregnancy and Birth	50
Hygiene of Menstruation	8
Problems of Menstruation in Adolescence	1
Health in the Menopause	5
Physiology of Sex and Reproduction (for Parents)	7
Physiology of Sex and Reproduction (for Children)	1
	86

Mental Health	*No. of Talks*
Mental Hygiene of Pregnancy	36
Mental Health of the Child	22
Mental Health of the Adolescent	4
Understanding Children's Difficulties	3
Mental Fitness in the Adult	4
Exploring the Mind	1
	70

General Health Topics	
Food for Health	3
Digestion and Indigestion	4
Obesity and Slimming Diets	4
Foot Care	6
Importance of Good Posture	3
Stresses and Strains in Housework	4
Sleep and its Problems	4
Relaxation for the Housewife	7
You and Your Blood Pressure	2
Kitchen Hygiene	4
The Bony Skeleton	4
The Blood System	4
Muscles and Movement	2
The Brain and Nervous System	2
Vision and Care of Eyes	2
The Body's Defences	2
Unconsciousness and Resuscitation	1
	58

Accident Prevention	
Prevention of Home Accidents	9
Prevention of Accidents in Infancy	12
First Aid in the Home	1
First Aid on the Farm	17
	39

Prevention of Diseases	*No. of Talks*
Immunisation and Vaccination	24
Prevention of Infectious Disease	1
The Rheumatic Disorders	1
Smoking and Lung Cancer (to Young People)	6
	32

Health Services Information	
The National Health Service	1
The School Health Service	1
The Work of the Health Visitor	2
The Work of the School Nurse	1
The Mental Health Services	1
The Work of the Almoner	2
The Home Help Service	3
The Social Services	1
	12

Technical Talks to Special Audiences		
Interviewing Old People (The Housebound)		1
Techniques of Visual Illustration	To	2
Visual Aids in Health Teaching	Student	2
Preparation of Visual Aids Material	Health	4
Ciné Films in Health Education	Visitors	1
Emergency Feeding Hygiene (for Civil Defence)		10
		20

Technical Talks to Health Department Staff	
Poster Design for Health Teaching	3
Preparation of Clinic Display Material	6
	9

TABLE 7

Films Used

Title	*Times Shown*
Foods and Nutrition	2
Digestion of Foods	4
Mechanisms of Breathing	2
The Body's Defences Against Disease	8
Care of Feet	4
Care of Teeth	5
Growing Girls	7
Reproduction in Mammals	2
Heredity	1
Your Children's Eyes	1
Another Case of Food Poisoning	3
Immunisation	2
Surprise Attack (Vaccination)	2
Windows to the Sky (Clean Air)	1
Your Very Good Health	1
Your Children Walking	1
Old Wives' Tales	1

During the year, seven of these films were hired from the Central Film Library. The remaining ten films are the property of the County Health Department.

TABLE 8

Displays in Clinics

Place	Subject	Duration
Arnold—Arnot Hill Child Welfare Centre	Food and Health	2 weeks
do.	Growing Up	1 month
do.	Food Hygiene	1 month
Newark—Hawtonville Child Welfare Centre	Foot Health for Children	1 month
do.	Good Posture	1 month
do.	The House-Fly	1 month
do.	Clean Hands—Safe Food	1 month
do.	Home Accident Prevention	1 month
Digby Avenue Training Centre	Mental Health Services	1 day
Mansfield Training Centre	do.	1 day
Plains Road Child Welfare Centre	do.	1 month
Worksop—Manton Child Welfare Centre	Foot Health	1 month

The table above does not include the small displays set up in clinics by Health Visitors, although assistance is given by the Health Education Officers in the design of some of these and materials are often supplied.

TABLE 9

Leaflets and Posters

Leaflets

The stock of leaflets used varies as and when improved specimens appear. During the year the following were distributed from the stock of approximately eighty different leaflets on a wide range of topics :—

Food	55
Maternity and Child Welfare	11,457
Sex Education	3,579
General Health Topics	3,711
Immunisation and Vaccination	1,514
Disease and Disease Vectors	1,798
Food Infection and Food Hygiene	799
Accident Prevention	5,446
	28,359

Posters

The stock of posters also varies as new material becomes available, though very few good posters are produced in any one year. Some of the posters used are designed by the Health Education Officers and are printed by the County Supplies Department Printing Section. The following have been issued :—

Mental Health	32
Food	75
Immunisation and Vaccination	202
Respiratory Infections	62
Lung Cancer and Smoking	66
Food Infection and Food Hygiene	153
Accident Prevention	437
	1,027

DOMESTIC HELP SERVICE (Section 29)

Administration

The pattern of the Service remains unchanged. The work is supervised by the County Home Help Organiser and the Home Helps operate from ten District Offices each of which is staffed with a District Organiser, an Assistant Organiser (a second Assistant is employed in the three largest branches of the Service, namely, Carlton/Arnold, Mansfield and Sutton/Kirkby) and such clerical assistance as is necessary.

The introduction of a new clerical system in February, following the consultations with the Organisation and Methods Unit mentioned in my last report, resulted in a streamlined weekly procedure calculated to enable the administrative staff to spend more time on the field-work.

Resignation by six members of the administrative and clerical staff at four of the District Offices disrupted the work in the earlier part of the year. For this reason, and also illness of other members of the staff, there was no-one left on duty at the Mansfield Office during January out of a normal staff of four. It was with difficulty that staff seconded from neighbouring District Offices and from Shire Hall kept the service functioning throughout the remaining winter months.

The period of emergency lasted six weeks and though, by that time, new staff had been appointed and absentees had returned to duty, it was not until later in the year that things were running smoothly. New staff need time to train and become acclimatised.

Pool Cars

In 1955, the County Council approved the provision of a limited number of " Pool " cars which were to be used on the Districts and driven by more than one member of the staff. Since that date, eight Ford Popular cars have been purchased. Following a survey in September it was agreed that although the cost of running such a fleet is a little higher than the cost of essential car user allowances, the scheme is to be regarded as a success. The Pool car scheme is supplemented where necessary by the authorised use in some districts of private cars.

Establishment of Home Helps

The number of Home Helps provided for in the Annual Estimates was the equivalent of 460 whole-time workers at April, 1960 (whole-time being calculated on a basis of 42 hours a week) rising to the equivalent of 480 by March, 1961. Owing to difficulties experienced in recruiting, the number of whole-time and part-time Home Helps on the register at the end of 1960 had reached 683, the equivalent of only 462 full-time workers.

In a Service such as this, where many householders living alone are dependent upon us for the preparation of meals and personal attention as well as for cleaning, it is of course more practical to employ a large proportion of part-time workers who are available for mornings, the time when they are most needed.

The year 1960 has been the worst experienced so far as recruitment is concerned and in the autumn it was no longer possible to balance demand and supply in some districts. For a period during the autumn, replacements for those leaving the Service were almost unobtainable. As in previous years, the most difficult areas were those on the perimeter of the City which seems to indicate that at times of full employment fewer people in the towns are available for or wish to choose the work we have to offer. At one time at Carlton and Arnold district, only one Home Help was recruited in three months to replace seventeen who left during that period. The position in the less urban areas was not so acute.

By the end of the year, the position had improved to some extent but was far from satisfactory.

Despite this somewhat disappointing picture it is heartening to know that many Home Helps who leave the Service because of domestic reasons again seek enrolment when they are once more available.

Cases Served

Despite the limited recruitment described, the number of cases served is still on the increase though the amount of expansion is necessarily smaller than in the previous years when recruitment was comparatively easy.

In the following table, the number of cases served is shown in comparison with the figures for the year 1959.

	1960	1959
Maternity cases	585	557
Tuberculosis cases	48	41
Chronic sick and aged and infirm	3,755	3,731
Others	462	455
	4,850	4,784

On looking at these figures it should be borne in mind that many of these cases are served each week and that some households (mainly in the " Chronic Sick and Aged " group) have had Home Help for years. In some cases the alternative would be hospital or residential accommodation.

Maternity cases are served for two weeks, except where there are complications or exceptionally large families and then it is sometimes necessary to extend the period of help.

In the second category, tuberculous cases are mostly served because the mother of the family is discharged to her home following hospital treatment and needs help with the daily household tasks until a full recovery is made. Home Helps volunteering for such work are medically examined and have periodic checks by chest X-ray. They are instructed on how to guard against infection and receive an enhanced rate of pay.

The third category, the aged and chronic sick, accounts for 77% of the total number of cases served. The amount of help may vary from two or three hours a week when the householder is able to get about, to regular daily help in times of illness. No limit is placed on the length of time a chronic sick case may receive help and generally speaking service can rarely be withdrawn once it has been started. In fact, once a slow deterioration in health sets in the amount of help has to be increased. Help is sometimes forthcoming from willing neighbours and relatives and careful planning on the part of the District Organiser is needed to see that as far as possible all needs are covered either by voluntary help or through the Service.

The many letters of thanks and appreciation that are received testify to the promptness with which cases are dealt with and the kindly interest the Home Helps take in their cases.

In this category of the chronic sick are included the cases of multiple sclerosis, of which the number served is increasing. There are several families in receipt of daily service where the mother is paralysed with this disease and the family is almost entirely dependent upon the services of the Home Help for their daily needs.

The last category, "Others," include short-term illnesses. In the influenza epidemic, we had many demands where whole families were laid low for a few days. Unfortunately, the teams of Home Helps are themselves often depleted at such times and it is with difficulty that the available help is stretched to cover the need.

The implementation of the Mental Health Act and the emphasis on the desirability of caring for the mentally disordered within the community may bring an increased demand and it remains to be seen whether the Home Help will be able to cope with the demands made upon her by this type of case without special guidance and training.

Rate of Pay to Home Helps

The rate of pay to Home Helps was increased on the 28th March, 1960, from 3/1½d. to 3/3d. with an additional 2d. per hour paid to those serving in tuberculous households or cases of certain other specified infectious diseases.

Should a Home Help be required to work on Sundays, double time is paid.

The Charge for the Service

The standard charge of 3/3d. per hour was increased on the 1st August to 3/6d. For those who cannot afford to pay this amount the Scale of Assistance is applied and the personal allowances in this scale are based upon those of the National Assistance Board Determination of Needs Regulation.

The Ancillary Services.

The Evening Service

This was introduced to provide sufficient help for bedridden and housebound patients living alone who needed help for fire stoking, the preparing of hot drinks and personal attention before settling for the night. Separate statistics are not kept but the figures are included in those for the Home Help Service. It is known that some Home Helps assist in this manner on a voluntary basis, but where the hours are officially recorded and authorised the rate of pay and the charge are the same as for normal daytime Home Help Service.

The Family Help Service

One case was served under this Scheme ; a family of eleven children were cared for by a non-resident Family Help whilst the mother was in hospital for her confinement. The Family Help was seconded from the Home Help Service and help continued under the Home Help Service on the mother's discharge.

Two other cases referred were adequately served as Home Help cases.

The current rate of pay based on the rates paid to housemothers is as follows :—

Resident Family Helps	—	£8 12s. 6d. per week of 5½ days or a daily rate of £1 11s. 4d.
Non-resident Family Helps	—	£7 12s. 6d. per week of 5½ days or a daily rate of £1 7s. 9d.

The Night Attendant Service

This still proves a very difficult Scheme to administer because of the fluctuating demand. Attempts have been made to recruit at least one Night Attendant for each of the ten districts, but during the summer months there is usually little demand and when no work can be offered the Night Attendants leave for other employment. The need is greatest in the winter months and many emergencies have been covered by Home Helps who volunteered to stay the night with a sick patient.

The rate of pay, 1/3d. per hour and the charge, 1/5½d. per hour, remained unaltered but were under review at the end of the year.

Twenty-eight cases were served during the year, the total number of hours being 2,619.

Most cases were served in emergency and were either admitted to hospital in a short time or died at home.

MENTAL HEALTH SERVICE (Sections 28 and 51)

Administration

The Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, together with the Mental Health Act, 1959, which resulted from it and came into operation on 1st November, 1960, have attracted wide publicity. The Act has been hailed as a major step forward in the care and treatment of persons suffering from any of the various forms of mental disorder and, inasmuch as it laid down a single, comparatively simple code to replace the numerous complicated procedures which were to be found in the Lunacy, Mental Treatment, and Mental Deficiency Acts, now repealed, and specified the various services to be provided by Local Health Authorities, progress has been made. Nevertheless, the Act contained little which was entirely new in the field of community care, or which could not have been accomplished under previous legislation, and my impression is that its real value lies firstly in its consolidation of the advances made in the past few years and secondly in the impetus which it has given to an already noticeable and favourable change in the general attitude towards the problem of mental disorder. The emphasis on a re-orientation away from hospital care where the special services of the hospital are not needed and towards care in the community made it apparent that considerable expansion of Local Authority Services would be called for. With a view to ensuring that the necessary services would be provided after the Act came into operation, all Local Health Authorities were required to submit to the Minister of Health by 1st April, 1960, their proposals for giving effect to his earlier general direction that they should make arrangements for the prevention of mental disorder and the care and after-care of persons suffering from mental disorder. Since that time, there has been some general criticism on the grounds that the proposals submitted by most Authorities were couched in such vague and sweeping terms as to indicate either lack of purpose or even lack of intention to implement them. In making such charges, the critics must surely have overlooked the fact that Authorities had been advised deliberately to frame their proposals in this way so as to leave themselves ample scope for future experiment without the need for constant amendment. At the same time, I think it is true to say that the picture of the future pattern of development is still somewhat clouded and that Authorities generally are tending to proceed cautiously, particularly in the provision of hostel accommodation about which there is still a good deal of uncertainty. Staffing, too, remains a major problem both as regards the recruitment of social workers and of staff for training centres. In this County, the number of staff engaged on Mental Health social work in the community has now reached its lowest point since the inception of the National Health Service Act in 1948 whilst the training centres are staffed in the main by persons without the approved qualification who have been recruited and then trained, by example and experience, in the Centres. This is a state of affairs which must speedily be remedied if the Service is to be maintained even at its present level, and expansion in present circumstances must be problematical. Nevertheless, the

Authority, in common with many others, are proceeding with their plans to provide additional training and occupation centre facilities and, always providing that staff can be obtained, it is hoped that it will be possible to cater for most suitable cases by April, 1963.

As previously indicated, hostel accommodation is a matter in which caution is the keynote. A start is to be made with a small hostel for sub-normal children adjacent to the proposed Training Centre at Newark and, with the extension of adult training facilities it is reasonable to anticipate that similar provisions will be made. What is more obscure, however, is the extent of the need for other types of hostel. The experiences of one or two pioneer ventures to date has not been entirely encouraging.

If the greatest possible effect is to be given to their approved proposals, not only as regards training centres and hostels, but in the development of other schemes designed to maintain mentally disordered patients outside the hospital, I cannot stress too strongly that the Authority's foremost aim must be to secure really adequate staffing resources without which no scheme of community care can possibly be effective.

Co-operation with Regional Hospital Boards and Hospital Management Committees

I referred in my last Report to the formation of a small standing Committee of officers representative of the Local Health Authority and the Saxondale Hospital which was formed in 1959 for the purpose of discussing and dealing with mutual problems. This Committee held special meetings in 1960 and one of their recommendations led to an arrangement whereby the Council's Medical Officer for Mental Health now gives clinical assistance at the weekly psychiatric out-patient clinic held at the Nottingham General Hospital. There were also regular monthly meetings at Saxondale where the medical and social work staff of the Hospital were joined by the Authority's Mental Health Officers for talks on matters of common interest and discussions on individual cases. Without doubt these meetings have proved to be most valuable in furthering the degree of co-operation between the two sides of the Service and, within the limits imposed by shortages in beds and staff, I am quite satisfied that this could hardly be closer. I am also most grateful for the unfailing help received from the staff of the Mapperley Hospital which includes in its catchment area the County Districts of Hucknall, Arnold and Carlton. My appropriate officers have a standing invitation to attend the regular weekly conferences which are held at this Hospital and the advice and help of the medical staff is always readily available and freely given.

The Balderton Hospital, together with its ancillary premises at the Westdale Hospital, continued during the year to meet the main County need for accommodation for the sub-normal and severely sub-normal and once again my thanks are due for all the assistance received, particularly in cases requiring short-term care. The regular out-patient

clinics conducted by the Medical Superintendent at the King's Mill Hospital, Sutton-in-Ashfield, were also of great help in dealing with cases presenting treatment problems and in affording opportunities for discussion with the various members of my staff concerned with the visitation of these patients in their own homes. A further aspect of co-operation with this Hospital was the arrangement made early in 1960 whereby sub-normal or severely sub-normal patients whose mental and/or physical condition necessitated their admission to hospital for dental treatment could be so admitted and kept in hospital for such post-operative measures as might be necessary. Experience had shown that dentists were often reluctant to treat such patients in their surgeries, and the arrangement with the Hospital promised to obviate a good deal of discomfort as well as to resolve the administrative difficulties previously encountered whenever such a situation arose.

Voluntary Associations

As in 1959, two beds were reserved for the summer months at Dr. Barnardo's Short-stay Home at Holbrook, Derbyshire, under the Authority's arrangements for short-term care but it was only with some difficulty that these beds were kept occupied for the whole period as it was found in the event that nearly all demands could be met through the Hospital Service. Additionally, the admission procedure was somewhat cumbersome in comparison with that followed by hospitals whose help was invariably sought in cases of particular urgency calling for immediate admission. It was, however, the increased availability of hospital beds for temporary care which influenced the Authority in their decision not to reserve accommodation at Holbrook in 1961 although they were still prepared to use this Home as necessary.

I referred in my last Report to the possible role of Voluntary Agencies in the future development of the Mental Health Services. I am therefore pleased to report that the Women's Voluntary Service are now providing members to assist with general domestic duties at the Digby Avenue Training Centre, Mapperley, and the help given in this way is very much appreciated.

Training of Staff

An unqualified Assistant Instructress at the Digby Avenue Training Centre, Mapperley, was seconded in 1960 for a year's training on one of the Diploma Courses for Teachers of the Mentally Handicapped ; her salary and course fees being defrayed by the County Council, whilst the expenses of two of the District Mental Health Officers were paid to enable them to attend a Course of Lectures at the University of Sheffield. An Assistant District Mental Health Officer was granted five months' leave of absence to enable him to undertake practical work in connection with a course of study for a Diploma in Social Science and authority was also given for the attendance of the Senior Mental Health Officer at a three-week course organised by the National Association for Mental Health for Senior Local Authority Officers in Health and Welfare Departments.

In November, 1960, the Digby Avenue Training Centre was visited by the Special Sub-Committee appointed by the Standing Mental Health Advisory Committee to enquire into the training of staff of training centres, the Authority having previously been requested to submit their observations on this matter. The report of the Special Sub-Committee has not yet been published but it is to be hoped that they will be able to find ways and means of producing qualified personnel in such quantities as to provide adequate staffing resources for the vastly increased number of training centres now being provided throughout the country. In particular, I should like to see the introduction of " In-service " training courses which would facilitate the qualification of those loyal members of existing centre staffs whose other commitments make it impossible for them to take the only recognised course of training now available. Many of these are women with family commitments who, given the opportunity to obtain a qualification, could confidently be expected to fill senior positions with distinction.

As regards general social work, it is pleasing to note that a start is soon to be made in providing courses of training since it is these courses to which Authorities must look for their social workers of the future. The report of the Younghusband Committee is at last showing signs of being implemented and it is to be hoped that the National Council for Social Work Training will do all in its power to ensure that training facilities are made available without delay which will produce trained officers in sufficient quantity to meet all needs. In this area, there is a real danger of the breakdown of the Service owing to the grave shortage of qualified or experienced officers and urgent measures are essential.

Work Undertaken in the Community

Prevention of Illness, Care and After-Care

The following table shows the number of patients under Local Health Authority care in the community on 31st December, 1960 :—

	Under age 16		16 *and over*		*Totals*
	M	F	M	F	
Mentally ill	1	—	100	62	163
Psychopaths	—	—	3	1	4
Sub-normal	1	—	407	276	684
Severely sub-normal	159	111	228	268	766
	161	111	738	607	1,617

There was again an increase in the number of cases of mental illness in which supportive visitation was being undertaken (163 as compared with 109 at the end of 1959) whilst the total of other cases showed a slight decrease from 1,472 to 1,454 due largely to the suspension of visitation in a number of cases where it was no longer considered to be necessary.

In spite of staffing difficulties, the level of visitation remained high and over 11,000 visits were made during the year.

Hospital Care

The work undertaken during the year in securing treatment for persons suffering from mental disorder is shown in the following table :—

	Males	*Females*	*Total*
Admissions to Hospital—			
Lunacy Act, 1890†			
Under Summary Reception Orders	2	6	8
Under Short Orders	94	175	269
Mental Deficiency Acts, 1913-38†	6	2	8
Mental Health Act, 1959*			
Under Sections 25 and 29	15	24	39
Under Section 26	1	—	1
Informal patients	85	119	204
	203	326	529
Referred to Psychiatric Out-patient Clinics	32	54	86
	235	380	615

†Period 1.1.60—31.10.60

*Period 1.11.60—31.12.60

There had been some misgivings that the coming into operation of the Mental Health Act might give rise to increased difficulty in obtaining hospital accommodation but these proved to be unfounded and the transition from old to new legislation in this respect was accomplished with remarkable smoothness. Naturally enough, it took some time to resolve the various administrative problems arising out of the new legislation but this was only to be expected in the early days when all concerned—both medical and lay—were in process of adapting themselves to the new legal procedure and attempting to inaugurate a pattern for the future in regard to methods of admission.

The year saw a further decrease in the number of sub-normal and severely sub-normal patients awaiting admission to hospitals and on 31st December, 1960, there were fifteen such patients in urgent need of admission (as compared with twenty-one in December, 1959) whilst the total waiting list (urgent and non-urgent) had been reduced from seventy-two to sixty-one. These figures do not entirely reflect the improvement in the situation, however, because it was possible during the year to alleviate the situation in most of the cases on the waiting list by the provision of one or more periods of short-term care—something which could not have been done in the earlier years of the National Health Service when hard pressed relatives could not even hope for temporary relief. The number of patients admitted temporarily for residential care during the year totalled 149 of whom 137 were accommodated in hospitals and the remainder at Dr. Barnardo's Short-Stay Home, Holbrook, Derbyshire, at the cost of the County Council.

As previously, we have been fortunate to have the full co-operation of the staff of the Regional Hospital Board and of the Board's hospitals in the allocation of beds for short-stay cases and my grateful thanks are extended to them.

Training Centres

The following table shows the numbers receiving training or occupation in day centres on 31st December, 1960 :—

	Males	*Females*	*Total*
Training Centre, Debdale Lane, Mansfield	46	29	75
Digby Avenue Training Centre, Mapperley	60	46	106
Doncaster Training Centre	12	4	16
Gainsborough Training Centre	4	4	8
	122	83	205

The extensions at the Mansfield Centre, designed to provide training facilities for fifty adults and additional dining and kitchen accommodation for the whole Centre, were taken into use at the end of February, 1960, and there is now accommodation for 110 patients of all ages at this Centre.

At the Digby Avenue, Mapperley, Centre, which provides 120 places for patients of all ages attendances continued at their previous high level and it was apparent by the end of the year that additional accommodation would have to be provided either at the Centre or elsewhere if the needs of the particular area of the County which this Centre serves were to continue to be met.

Some progress was made during the year with the proposals for Centres at Retford and Newark. The Retford Centre, which will provide 120 places for juniors and adults living in the North of the County, is now under construction and should be ready for occupation in the early part of 1962, whilst it is hoped that the one at Newark, for which the site has been acquired and which will provide seventy places, with adjoining hostel accommodation for twelve children, will begin building about the same time. Meanwhile, the County Council's arrangements for patients living in the North of the County to attend the Doncaster and Gainsborough Centres have continued and thanks are due to the local health authorities concerned for their ready co-operation in allocating places to Nottinghamshire patients.

At Newark, no full-time training is yet available although there is renewed hope that day-care facilities on a limited scale may soon be provided at the Balderton Hospital for patients living in the Newark area.

Home and Group Teaching

The following is a summary of the work of the two Home Teachers, showing attendances at group teaching centres and individual home visits during the year :—

Group Centres :

Number of Centres at 31.12.60	9
Number on Register at 31.12.60	45
Sessions held in 1960	281
Total attendances	1,188

Individual home visits :

Number under instruction at 31.12.60	46
Number of visits in 1960	901

In September, 1960, the two group teaching centres previously held fortnightly at Retford and West Bridgford were closed owing to lack of demand, thus making it possible for the Home Teacher concerned to devote further time to the Newark Group which is now held on two mornings per week.

SECTION VII.

NATIONAL ASSISTANCE ACTS, 1948 and 1951

(1) Incidence of Blindness

(a) Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para 7 (c) of forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	31	9	—	123
(b) Treatment (medical surgical or optical)	53	9	—	48
(c) Treatment (Hospital supervision) ...	3	8	—	21
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	29	14	—	56

(b) Ophthalmia Neonatorum

(i) Total number of cases notified during the year ..	5
(ii) Number of cases in which—	
(a) Vision Lost	Nil
(b) Vision Impaired	Nil
(c) Treatment continuing at end of year	Nil

(2) Epileptics and Spastics

The County Council have an approved scheme under the National Assistance Act, 1948, for promoting the welfare of general classes of handicapped persons including epileptics and spastics, which is administered by the County Welfare Committee and designed to ensure to persons who apply for assistance the benefit of all existing statutory and voluntary services and consideration of their needs in relation to the development of welfare services.

The service is administered by the County Welfare Officer who refers to me questions of medical eligibility for registration and any cases of persons suffering from tuberculosis or mental disability which come to his notice. The assistance of the Nottingham and Nottinghamshire Council for the Welfare of the Physically Handicapped, and other voluntary organisations is enlisted in appropriate cases.

The following cases are registered with the County Council for Welfare Services under the National Assistance Act, 1948 :—

Epileptics	56
Cerebral Palsy	52
Epilepsy and Cerebral Palsy	2

SECTION VIII

STATISTICAL TABLES

TABLE I.

NOTTINGHAMSHIRE.

BOROUGHS AND URBAN DISTRICTS.

Vital Statistics for the Year 1960

BOROUGHS AND URBAN DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1951	Persons per household at Census 1951	Population Census 1951	Population estimated to the middle of 1960	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
MANSFIELD (Borough) ...	7,009	7.5	15,329	3.27	51,352	52,860	891	16.9	16.4	22	24.1	—	—	29	32.5	625	11.8	13.0	—	0.02
WORKSOP (Borough) ...	17,936	1.9	8,787	3.43	31,034	34,520	680	19.7	18.9	21	30.0	—	—	15	22.1	320	9.3	11.7	0.06	0.06
NEWARK (Borough) ...	3,364	7.2	6,766	3.25	22,917	24,070	441	18.3	18.3	9	20.0	—	—	12	27.2	275	11.4	11.8	—	—
EAST RETFORD (Borough)	4,657	3.7	4,856	3.29	16,316	17,380	303	17.4	17.3	9	28.8	—	—	5	16.5	235	13.5	12.7	0.06	0.06
ARNOLD	4,506	5.7	6,740	3.18	21,473	25,820	478	18.5	17.8	7	14.4	—	—	7	14.6	214	8.3	10.8	0.08	0.08
BEESTON & STAPLEFORD ...	6,468†	8.7	14,703	3.26	49,846	56,370	957	17.0	16.5	11	11.4	—	—	18	18.8	476	8.4	11.5	0.04	0.04
CARLTON	4,018	9.4	10,702	3.19	34,235	37,850	642	17.0	16.5	10	15.3	—	—	19	29.6	385	10.2	12.0	0.03	0.03
EASTWOOD	1,178	9.5	2,754	3.48	9,894	11,150	212	19.0	19.0	6	27.5	—	—	7	33.0	85	7.6	10.2	—	—
HUCKNALL	4,029	5.8	6,741	3.35	23,210	23,470	407	17.3	17.3	7	16.9	—	—	6	14.7	223	9.5	12.9	0.04	0.04
KIRKBY-IN-ASHFIELD ...	5,830	3.7	5,942	3.39	20,133	21,430	383	17.9	17.5	7	17.9	—	—	9	23.5	215	10.0	12.5	—	—
MANSFIELD WOODHOUSE ...	4,834	3.9	4,918	3.50	17,821	18,730	401	21.4	21.0	11	26.7	—	—	9	22.4	163	8.7	12.4	0.05	0.11
SUTTON-IN-ASHFIELD ...	10,507	3.9	11,973	3.35	40,518	40,810	647	15.9	15.9	16	24.1	—	—	20	30.9	438	10.7	13.8	0.07	0.07
WARSOP	7,174	1.7	2,967	3.67	10,892	12,130	192	15.8	15.0	7	35.2	—	—	7	36.5	119	9.8	13.7	0.08	0.08
WEST BRIDGFORD	3,044†	8.5	8,397	2.92	23,372†	25,970	442	17.0	17.5	5	11.2	—	—	7	15.8	303	11.7	10.2	0.04	0.04
TOTALS	84,554†	4.8	111,575	3.3	373,013†	402,560	7,076	17.6	17.2	148	20.5	—	—	170	24.0	4,076	10.1	12.2	0.04	0.04

† Amended figures which allow for changes of area and population after the Nottingham City and County Boundaries Act, 1951, had become effective on the 1st April, 1952.

TABLE II.

NOTTINGHAMSHIRE.
RURAL DISTRICTS.

Vital Statistics for the Year 1960

RURAL DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1951	Persons per household at Census 1951	Population Census 1951	Population estimated to the middle of 1960	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
BASFORD	69,825†	0.82	14,872	3.31	49,995†	57,270	1,002	17.5	17.1	19	18.6	2	2.0	20	20.0	562	9.8	11.9	0.04	0.04
BINGHAM	67,583	0.35	5,370	3.14	20,568	23,890	460	19.3	20.8	8	17.1	—	—	4	8.7	310	13.0	10.9	0.04	0.04
WORKSOP	28,515	0.62	4,347	3.73	17,235	17,790	314	17.7	18.4	11	33.8	—	—	10	31.8	162	9.1	13.2	0.11	0.11
EAST RETFORD	111,032	0.21	5,788	3.23	21,561	23,790	362	15.2	16.7	7	19.0	—	—	10	27.6	229	9.6	9.4	0.08	0.08
NEWARK	41,550	0.33	3,331	3.31	11,272	13,850	260	18.8	18.6	7	26.2	—	—	3	11.5	123	8.9	9.6	—	—
SOUTHWELL	118,586	0.38	11,298	3.40	39,717	44,580	821	18.4	18.4	16	19.1	1	1.2	20	24.4	471	10.6	13.1	0.02	0.04
TOTALS	437,091†	0.41	45,006	3.5	160,348†	181,170	3,219	17.8	18.1	68	20.7	3	0.9	67	20.8	1,857	10.3	11.8	0.04	0.05

† Amended figures which allow for changes of area and population after the Nottingham City and County Boundaries Act, 1951, had become effective on the 1st April, 1952.

TABLE III.

NOTTINGHAMSHIRE.

WHOLE ADMINISTRATIVE COUNTY.

Vital Statistics for the Year 1960

	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1951	Persons per household at Census 1951	Population Census 1951	Population estimated to the middle of 1960	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
URBAN DISTRICTS ...	84,554†	4.8	111,575	3.3	373,013†	402,560	7,076	17.6	17.2	148	20.5	—	—	170	24.0	4,076	10.1	12.2	0.04	0.04
RURAL DISTRICTS ...	437,091†	0.41	45,006	3.3	160,348†	181,170	3,219	17.8	18.1	68	20.7	3	0.9	67	20.8	1,857	10.3	11.8	0.04	0.05
WHOLE ADMINISTRATIVE COUNTY	521,645†	1.12	156,581	3.3	533,361†	583,730	10,295	17.6	17.5	216	20.6	3	0.3	237	23.0	5,933	10.2	12.0	0.04	0.04

† Amended figures which allow for changes of area and population after the Nottingham City and County Boundaries Act, 1951, had become effective on the 1st April, 1952.

TABLE IV. INFANT MORTALITY AND STILLBIRTH RATES, 1956-1960.

	Infantile Mortality (All Infants Under One Year)					Neo-Natal Mortality (Infants Under One Month Only)					Early Neo-Natal Mortality (Infants Under One Week Only)		Perinatal Mortality (Stillbirths & Deaths Under One Week)		Stillbirth Rate Per 1,000 Live and Stillbirths				
	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960	1959	1960	1959	1960	1956	1957	1958	1959	1960
England and Wales	23.8	23.0	22.6	22.2	21.9	16.9	16.5	16.2	15.8	15.6	13.6	13.4	34.2	32.9	23.0	22.4	21.6	21.0	19.7
Whole County	24.6	23.8	20.8	21.0	23.0	16.6	16.6	12.9	14.6	15.8	12.2	12.9	33.0	33.2	25.2	24.6	21.0	21.0	20.6
Aggregate of Urban Districts ...	26.8	23.6	21.1	21.9	24.0	18.3	15.9	14.0	15.3	16.3	12.9	12.7	34.4	32.9	25.8	24.8	20.7	21.7	20.5
Aggregate of Rural Districts ...	19.5	24.3	19.9	19.0	20.8	12.8	18.3	10.6	13.0	14.9	10.8	13.4	30.1	33.8	23.7	24.0	21.7	19.5	20.7
Mansfield M.B.	21.5	37.8	16.8	23.9	32.5	16.7	22.0	6.0	18.2	24.7	15.9	18.0	32.4	41.6	24.5	26.2	17.7	16.8	24.1
Worksop M.B.	30.2	16.2	17.7	21.6	22.1	16.0	11.4	9.7	18.5	10.3	18.5	8.8	40.7	38.5	23.3	25.3	29.7	22.6	30.0
Newark M.B.	22.1	21.8	28.7	23.4	27.2	12.2	14.6	19.1	21.0	18.1	18.7	9.1	43.3	28.9	35.5	40.9	7.1	25.1	20.0
East Retford M.B.	18.6	19.3	14.9	18.2	16.5	14.9	7.7	11.1	3.6	9.9	3.6	6.6	21.5	35.3	25.4	15.2	25.4	17.9	28.8
Arnold U.D.	13.9	15.3	9.4	21.8	14.6	8.3	12.8	4.7	14.6	10.5	9.7	8.4	23.9	22.7	21.7	17.6	13.9	14.4	14.4
Beeston and Stapleford U.D. ...	28.7	22.4	25.2	13.3	18.8	22.2	18.7	14.3	5.5	13.6	4.4	10.5	28.1	21.7	16.7	19.6	19.4	23.8	11.4
Carlton U.D.	25.5	14.5	15.7	18.2	29.6	12.8	11.3	11.0	11.6	18.7	8.3	15.6	30.7	30.7	19.7	20.5	12.4	22.7	15.3
Eastwood U.D....	12.3	51.1	12.0	—	33.0	—	39.8	12.0	—	28.3	—	23.6	25.1	50.5	30.0	22.2	34.9	25.1	27.5
Hucknall U.D.	18.2	26.2	33.7	28.2	14.7	15.6	18.4	28.1	22.6	12.3	16.9	12.3	38.7	29.0	37.5	30.5	24.7	22.1	16.9
Kirkby-in-Ashfield U.D. ...	24.4	35.3	46.2	32.3	23.5	12.2	20.6	38.0	25.3	20.9	20.7	15.7	44.9	33.3	29.6	31.3	34.1	24.7	17.9
Mansfield Woodhouse U.D. ...	39.2	21.3	13.4	22.3	22.4	28.0	13.3	8.0	12.4	7.5	9.9	5.0	33.9	31.6	13.8	18.3	18.4	24.2	26.7
Sutton-in-Ashfield U.D. ...	44.6	24.6	27.4	29.8	30.9	33.9	17.5	18.8	17.3	17.0	14.1	15.4	35.3	39.2	29.5	38.8	23.4	21.5	24.1
Warsop U.D.	43.1	9.0	9.2	36.2	36.5	28.7	4.5	9.2	27.1	26.0	27.1	20.8	52.9	55.3	41.3	26.4	26.8	26.4	35.2
West Bridgford U.D.	24.5	18.3	17.8	16.9	15.8	21.8	10.4	15.3	16.9	15.8	14.5	13.6	35.5	24.6	34.2	7.8	19.9	21.3	11.2
Basford R.D.	20.4	26.2	22.2	20.5	20.0	10.8	19.2	13.0	13.0	14.0	10.2	14.0	30.0	32.3	32.5	12.9	20.0	20.1	18.6
Bingham R.D.	13.7	38.0	10.8	13.2	8.7	13.7	28.5	6.5	8.8	6.5	8.8	6.5	23.9	23.5	13.5	23.2	23.3	15.2	17.1
Worksop R.D.	17.1	17.5	31.6	13.1	31.8	13.6	8.7	19.0	9.8	22.3	6.5	15.9	38.0	49.2	33.0	31.7	18.6	31.6	33.8
East Retford R.D.	15.7	23.1	22.7	16.4	27.6	12.5	16.5	9.7	9.9	16.6	9.9	13.8	16.3	32.5	21.4	19.4	28.4	6.5	19.0
Newark R.D.	27.2	14.5	20.8	30.3	11.5	16.3	14.5	15.6	22.7	7.7	15.1	3.8	40.6	30.0	16.0	23.6	20.4	25.8	26.2
Southwell R.D....	22.0	20.3	15.9	19.8	24.4	13.7	17.6	5.3	14.5	19.5	13.2	18.3	32.3	37.0	17.5	37.7	22.0	19.4	19.1

TABLE V. NOTTINGHAMSHIRE. Abstract of Vital Statistics.

Year	Estimated Population at the *middle* of the year	Excess of Births over Deaths	Persons per Acre	Separate Families	Persons per Household	Registered Births	Births per 1,000 of the population	Deaths under 1 year per 1,000 Births	Net Deaths	Net Death Rate per 1,000 of the population
1911	345,930	4,903	.66	76,236	4.5	9,453	27.3	125	4,550	13.1
1912	355,046	5,007	.68			9,213	25.9	93	4,206	11.8
1913	362,307	4,934	.69			9,369	25.8	101	4,435	12.2
1914	367,617	4,845	.70			9,541	25.9	107	4,696	12.7
1915	353,193	3,775	.67			8,843	25.0	112	5,068	14.3
1916	344,501	4,126	.66		.. .	8,567	22.8	95	4,441	12.8
1917	344,822	3,372	.66			7,589	19.7	95	4,217	12.2
1918	339,456	1,725	.65		...	7,742	20.3	100	6,017	17.7
1919	366,331	2,948	.70		.	7,507	19.6	95	4,559	12.4
1920	380,928	5,667	.73			9,836	25.8	85	4,169	10.9
1921	381,969	4,774	.73	85,646	4.4	9,187	24.1	86	4,413	11.5
1922	386,130	4,177	.74			8,316	21.5	69	4,139	10.7
1923	388,019	3,763	.74			8,023	20.6	77	4,260	11.0
1924	391,700	3,715	.75		..	8,085	20.6	79	4,370	11.2
1925	393,400	3,373	.75			7,921	20.1	77	4,548	11.6
1926	398,900	3,310	.75	. ..		7,739	19.4	73	4,429	11.1
1927	408,100	2,984	.78			7,613	18.6	69	4,629	11.3
1928	422,700	3,549	.81	.	...	7,941	18.8	64	4,392	10.4
1929	429,300	2,242	.82			7,517	17.5	76	5,095	11.8
1930	439,400	3,261	.84			7,746	17.6	62	4,485	10.2
1931	447,900	2,617	.86	* 109,674	3.9	7,695	17.2	72	5,078	11.3
1932	451,600	2,821	.86			7,534	16.7	66	4,713	10.4
1933	444,970	2,036	.86			6,945	15.5	68	4,909	10.9
1934	448,500	2,395	.87		. ..	7,042	15.7	54	4,647	10.4
1935	453,500	2,382	.86	. ..		7,083	15.6	56	4,701	10.4
1936	459,000	2,005	.88	. ..	...	7,033	15.3	58	5,028	10.9
1937	465,800	2,218	.89	..		7,318	15.7	59	5,100	10.9
1938	470,900	2,796	.90	.		7,549	16.0	46	4,753	10.1
1939	478,200*a* 479,900*b*	2,511	.91			7,847	16.4	51	5,336	11.1
1940	483,240	1,735	.92	...	...	7,610	15.7	58	5,875	12.2
1941	492,750	2,501	.94	. ..		7,954	16.1	62	5,453	11.1
1942	481,200	3,755	.92	...		8,659	18.0	48	4,904	10.2
1943	472,300	3,946	.90			9,255	20.2	47	5,309	11.2
1944	474,960	5,125	.91		...	10,343	21.8	47	5,218	11.0
1945	475,910	4,068	.91		..	9,096	19.1	44	5,028	10.5
1946	495,620	4,693	.95			10,001	20.2	41	5,308	10.7
1947	505,690	5,114	.97			10,673	21.2	41	5,559	11.0
1948	518,300	4,483	.99			9,486	18.3	42	5,003	9.6
1949	523,160	3,562	.99	...		9,098	17.4	32	5,536	10.6
1950	533,870	3,114	1.01			8,683	16.3	34	5,571	10.4
1951	535,800	2,547	1.02	156,581	3.4	8,551	15.9	29.4	6,004	11.2
1952	535,410† 534,400‡	3,244	1.02		...	8,515	15.9	29.3	5,271	9.8
1953	541,400	3,168	1.04	. ..		8,625	15.9	29.3	5,457	10.1
1954	545,900	3,115	1.05			8,601	15.7	28.1	5,486	10.0
1955	550,600	3,140	1.05			8,718	15.8	27.2	5,578	10.1
1956	554,800	3,171	1.06			8,906	16.0	24.6	5,735	10.3
1957	563,300	3,878	1.08	...		9,372	16.6	23.8	5,494	9.8
1958	569,800	3,703	1.09			9,685	17.0	20.8	5,982	10.5
1959	575,400	4,082	1.10			9,964	17.3	21.0	5,882	10.2
1960	**583,730**	**4,362**	**1.12**			**10,295**	**17.6**	**23.0**	**5,933**	**10.2**

* Adjusted figures owing to alteration in area under the Nottingham Corporation Act, 1932, as from the 1st April, 1933.

a Population figures for calculation of Birth rates.

b Population figures for calculation of Death Rates and incidence of notifiable diseases.

† Special constructed figure supplied by Registrar-General in consequence of change of boundaries.

‡ Actual mid-year population.

TABLE VI. CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NOTTINGHAM, 1960

No.	Cause of Death	Sex	Aggregate of Urban Districts									Aggregate of Rural Districts									Total for County
			All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—	
	ALL CAUSES	M	2171	111	14	18	26	104	589	570	739	943	32	3	8	20	35	231	260	354	3114
		F	1905	59	6	11	5	64	372	471	917	914	35	6	5	13	41	167	201	446	2819
	TOTALS		4076	170	20	29	31	168	961	1041	1656	1857	67	9	13	33	76	398	461	800	5933
1	Tuberculosis Respiratory	M	9	—	—	—	—	2	2	5	—	2	—	—	—	—	1	1	—	—	11
		F	6	—	—	—	—	3	3	—	—	6	—	—	—	—	1	2	2	1	12
2	Do. Other	M	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2
		F	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1
3	Syphilitic Disease	M	5	—	—	—	—	—	2	2	1	4	—	—	—	—	1	3	—	—	9
		F	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
4	Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
6	Meningococcal Infections	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Measles	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
		F	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
9	Other Infective and Parasitic Diseases	M	8	2	1	2	—	—	1	2	—	2	—	—	—	—	1	—	—	1	10
		F	6	—	—	—	—	—	1	3	2	3	—	—	1	—	—	1	—	1	9
10	Malignant Neoplasm— Stomach	M	53	—	—	—	—	4	22	15	12	30	—	—	—	1	2	8	8	11	83
		F	42	—	—	—	—	—	11	21	10	19	—	—	—	—	—	5	7	7	61
11	Do. Lung, Bronchus	M	150	—	—	—	—	12	80	40	18	33	—	—	—	—	1	17	11	4	183
		F	18	—	—	—	—	—	11	3	4	10	—	—	—	—	1	3	3	3	28
12	Do. Breast	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	70	—	—	—	—	6	32	20	12	39	—	—	—	—	1	19	11	8	109
13	Do. Uterus	F	41	—	—	—	—	8	14	12	7	15	—	—	—	—	3	9	1	2	56
14	Other Malignant and Lymphatic Neoplasm	M	195	—	1	3	—	13	59	51	68	99	—	—	2	1	3	31	31	31	294
		F	182	—	1	1	1	10	65	50	54	75	—	—	1	—	7	23	19	25	257
15	Leukaemia, Aleukaemia	M	15	—	—	3	1	2	4	2	3	4	—	1	2	—	—	—	1	—	19
		F	7	—	1	—	—	1	1	1	3	5	—	1	—	—	—	2	—	2	12
16	*Diabetes*	M	10	—	—	—	—	—	3	5	2	8	—	—	—	—	2	3	3	—	18
		F	11	—	—	—	1	—	6	2	2	10	—	—	—	1	2	2	3	2	21
17	Vascular Lesions of Nervous System	M	267	1	—	—	—	2	51	83	130	125	1	—	—	—	2	24	45	53	392
		F	340	—	—	—	—	4	54	87	195	135	—	—	—	1	—	18	35	81	475
18	Coronary Disease, Angina	M	383	—	—	—	—	12	147	114	110	156	—	—	—	—	4	50	54	48	539
		F	218	—	—	—	—	1	43	91	83	95	—	—	—	—	2	22	27	44	313
19	Hypertension with heart disease	M	36	—	—	—	—	—	6	20	10	24	—	—	—	—	—	5	11	8	60
		F	63	—	—	—	—	—	4	19	40	21	—	—	—	—	—	1	6	14	84
20	Other Heart Disease	M	270	—	—	—	2	6	47	61	154	146	—	—	—	—	2	12	38	94	416
		F	331	—	1	—	—	8	25	55	242	193	—	—	—	—	6	17	29	141	524
21	Other Circulatory Disease	M	94	—	—	—	1	6	24	23	40	42	—	—	—	—	—	8	11	23	136
		F	107	—	—	—	—	2	18	22	65	65	—	—	—	—	1	8	15	41	172
22	Influenza	M	4	1	—	—	—	1	—	2	—	1	—	—	—	—	—	1	—	—	5
		F	5	—	—	—	—	—	2	1	2	1	—	—	—	—	—	—	—	1	6
23	Pneumonia	M	72	18	—	—	1	—	8	13	32	46	5	2	—	1	—	10	9	19	118
		F	69	14	1	1	1	1	2	13	36	35	2	—	2	1	2	5	7	16	104
24	Bronchitis	M	179	1	1	—	1	3	54	64	55	61	—	—	—	—	1	17	21	22	240
		F	73	—	—	—	—	3	11	20	39	18	—	—	—	2	—	2	2	12	91
25	Other Diseases of Respiratory System	M	33	—	2	—	2	2	8	8	11	10	—	—	—	—	2	2	1	5	43
		F	17	1	—	—	—	—	2	4	10	6	—	1	—	—	—	—	3	2	23
26	Ulcer of Stomach and Duodenum	M	25	—	—	—	—	—	8	11	6	9	—	—	—	2	—	3	1	3	34
		F	9	—	—	—	—	1	—	2	6	7	—	—	—	—	1	3	1	2	16
27	Gastritis, Enteritis and Diarrhoea	M	11	2	—	1	1	1	2	—	4	3	—	—	—	—	—	2	—	1	14
		F	12	2	—	—	—	—	2	4	4	5	—	2	—	—	—	—	2	1	17
28	Nephritis and Nephrosis	M	11	—	—	—	—	3	3	1	4	5	—	—	—	—	—	2	1	2	16
		F	11	—	—	—	1	3	3	2	2	9	—	—	—	2	—	2	2	3	20
29	Hyperplasia of Prostate	M	34	—	—	—	—	—	3	8	23	12	—	—	—	—	—	—	1	11	46
30	Pregnancy, Childbirth, Abortion	F	—	—	—	—	—	—	—	—	—	3	—	—	—	1	2	—	—	—	3
31	Congenital Malformations	M	29	21	3	2	—	1	2	—	—	7	4	—	2	—	1	—	—	—	36
		F	15	12	—	1	1	—	1	—	—	14	9	2	—	1	1	1	—	—	29
32	Other Defined and Ill-Defined Diseases	M	153	60	2	1	2	6	16	26	40	63	19	—	—	4	1	17	9	13	216
		F	186	28	1	4	—	6	39	31	77	93	24	—	—	2	9	12	20	26	279
33	Motor Vehicle Accidents	M	39	—	3	5	11	8	8	3	1	22	—	—	1	7	2	6	3	3	61
		F	16	—	1	1	—	1	6	4	3	8	—	—	1	1	1	1	1	3	24
34	All Other Accidents	M	40	3	1	1	2	11	7	4	11	22	3	—	1	4	7	6	1	—	62
		F	25	1	—	1	—	2	4	1	16	17	—	—	—	—	—	5	4	8	42
35	Suicide	M	41	—	—	—	2	8	21	6	4	7	—	—	—	—	2	3	—	2	48
		F	18	—	—	—	—	4	11	2	1	6	—	—	—	—	1	4	1	—	24
36	Homicide and Operations of War	M	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
		F	3	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	3